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ABSTRACT

This Hearing concerns the nation's rural elderly, and focuses on the Elderly Indian in Arizona. Problems addressed include: the lack of transportation, the lack of adequate housing and nursing homes, the scarcity of home care and homemaking services, and insufficient income. Programs in existence, as well as programs that are needed are discussed. The Older Americans Act, which provides support to persons 60 years and older and their spouses, regardless of income level, is examined in relation to its current funding limitations to potential Indian recipients. Information collected will be used to develop and implement a national policy on aging. (Author/JLL)

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THE NATION'S RURAL ELDERLY

HEARING BEFORE THE SPECIAL COMMITTEE ON AGING UNITED STATES SENATE NINETY-FIFTH CONGRESS

FIRST SESSION

PART 11—PHOENIX, ARIZ.

The Elderly Indian

NOVEMBER 12, 1977

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
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The Nation's Rural Elderly :

Part 1. Winterset, Iowa, August 16, 1976.

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Part 3. Gretna, Nebr., August 17, 1976.

Part 4. Ida Grove, Iowa, August 17, 1976.

Part 5. Sioux Falls, S. Dak., August 18, 1976.

Part 6. Rockford, Iowa, August 18, 1976.

Part 7. Denver, Colo., March 23, 1977.

Part 8. Flagstaff, Ariz., November 5, 1977.

Part 9. Tucson, Ariz., November 7, 1977.

Part 10. Terre Haute, Ind., November 11, 1977.

Part 11. Phoenix, Ariz., November 12, 1977.

Part 12. Roswell, N. Mex., November 18, 1977.

Part 13. Taos, N. Mex., November 19, 1977.

Part 14. Albuquerque, N. Mex., November 21, 1977.

Part 15. Pensacola, Fla., November 21, 1977.

Part 16. Gainesville, Fla., November 22, 1977.

Part 17. Champaign, Ill., December 13, 1977.

(Additional hearings anticipated but not scheduled at time of this printing)

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THE NATION'S RURAL ELDERLY

SATURDAY, NOVEMBER 12, 1977

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Phoenix, Ariz.

The committee met, pursuant to notice, at 2 p.m., in the County Board of Supervisors Auditorium, 111 South Third Avenue, Hon. Dennis E. DeConcini presiding.

Present: Senator DeConcini.

Also present: Lois Pfau, legislative assistant to Senator DeConcini; Deborah K. Kilmer, professional staff member; Tony Arroyos, minority professional staff member; and Marjorie J. Finney, assistant clerk.

OPENING STATEMENT BY SENATOR DENNIS DeCONCINI, PRESIDING

Senator DeConcini. This hearing will come to order.

I am very pleased to open this hearing of the U.S. Senate Special Committee on Aging. The committee has come to the Southwest to study the particular problems and needs of the rural elderly and the elderly Indian. Many of these problems are the same: the lack of transportation, the lack of adequate housing and nursing homes, the scarcity of home care and homemaking services, and the absence of sufficient income.

I was in Flagstaff and Tucson last week to conduct hearings on the rural elderly. I heard convincing testimony about each of these problems and how the elderly and service providers are working to overcome some of them. Their efforts are gratifying.

Today the committee's hearing will focus on the needs of the elderly Indian in Arizona. Arizona, which is ranked second in Indian population in the United States, is first in Indian population 65 and over. In numbers, elderly Indians 60 and older in Arizona are counted at approximately 13,300.

We know their numbers and we are aware of many of their problems. We are here today to discuss these problems and the programs that exist to help them; as well as the programs that are needed to help them.

The Older Americans Act provides support to persons 60 years and older and their spouses, regardless of income level. This age limitation has been an obstacle to potential Indian recipients whose average

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life expectancy is 10 years less than the average of most other Americans. Should there be an exception for the elderly Indian under the Older Americans Act?

FUNDING METHODS QUESTIONED

Title III of the Older Americans Act provides funds for an array of services to the elderly through State and area agencies on aging. Indians can be supported with services through these agencies or by being funded directly from the Administration on Aging in Washington, D.C. Which method of funding has been found most effective?

The nutrition program for the elderly—title VII of the Older Americans Act—is operative on several reservations in Arizona and other States. Although a popular and effective program, how can it be more responsive to the special nutritional needs and traditions of the elderly Indian?

Health services on the reservations are oftentimes inadequate and out of reach of the elderly Indian. Can Indian health services, community health services, and medicare be changed to meet the Indians' needs and are new programs necessary?

As in rural areas, transportation for the elderly Indian is often nonexistent and results in the loss of other services. What methods have been tried to meet their special needs for transportation?

I'm hoping that our witnesses will help the committee in answering these questions. I'm hoping that the tribes represented here will also help the committee to understand how the Congress can develop programs which encourage the spirit and importance of self-government by the tribes, how the programs can be constructed to help the elderly Indian retain his or her special identity as an Indian, and how the program can be made flexible enough to serve the Indians of the reservations, as well as those who reside elsewhere.

I welcome your participation and thank you for traveling the distances that many of you have traveled today. We look forward to hearing testimony from you.

Our first witness is a dear friend of mine, Msgr. Robert Donohoe, chairperson of the Governor's Advisory Committee on Aging.

STATEMENT OF MSGR. ROBERT J. DONOHOE, PHOENIX, ARIZ., CHAIRPERSON, GOVERNOR'S ADVISORY COMMITTEE ON AGING

Monsignor DONOHOE. Senator DeConcini and your distinguished staff, ladies and gentlemen, the first time I welcomed Senator DeConcini, I was just ordained and I heard that the DeConcini's of Tucson had a brand new boy. That was the year 1937, when I became a priest and you came into this world. It is a very great privilege for me not only to welcome a distinguished U.S. Senator and his staff, but to welcome a very dear friend.

The problems of the American Indian are, in many ways, the most serious that are confronted by any minority group in the United States. Indian tribes and their families have great difficulty in meeting fundamental needs. Most Indians and the vast majority of elderly

Indians live as wards of the Federal Government on reservations—some of the poorest land in the country. The Government's Indian policies have been erratic to say the least. They displease most Indians and have critics within the Government itself.

The Indian elderly, in particular, could very well be the most deprived identifiable group in the United States of America. For most, English is a second language, if they speak it at all. They live on little or no income, in housing which is the worst for any population group in the country. Many have had no formal education. Since the unemployment rates on Indian reservations average 50 percent, few have ever worked steadily. Only one out of every three Indians will reach age 65, exactly half the rate for the American population as a whole.

AGENCY COORDINATION NEEDED

With these things in mind, Senator, we welcome you with open arms to Arizona. The Indian elderly are not a problem: They are an opportunity for the United States of America and they are an opportunity for the people of Arizona—an opportunity to do something. I find them caught between two divisions of Government. I find the Indians caught between the Department of Interior and the Department of Health, Education, and Welfare—between BIA and the Administration on Aging. I feel very strongly that your distinguished Special Committee on Aging can be, and should be, that catalyst that brings these two divisions of Government together to speak to this crying need.

I have before me an advisory council report, 1971. This council met here in Phoenix, Ariz., on a nice September day in 1971 and discussed the same things we are discussing today. They haven't gone very far. We asked Dr. Flemming for help to bring this problem to a head. He sent out one of his good staff people who landed in a helicopter in Window Rock, then sort of barged into a hogan there and was asked to respect Indian privacy at that time. He turned and said what I think is one of the greatest remarks that covers this whole thing: "You do have a different problem." This was some time back.

Our State council on aging—the Governor's council on aging—is very deeply concerned about this problem. Moreover, it is concerned about this opportunity. We now have information, thanks to Alice Norris, who is at this table now, and thanks to all the different tribes, through the international tribal council, who are beginning an Advisory Council on Indian Elderly that will have liaison with our State council.

We are at your disposal, Senator. I have taken too long to welcome you, but I am very, very happy, and so is our State council, that you are here. We hope that we can be of assistance to you in assisting these great people.

Thank you.

Senator DECONCINI. Monsignor Donohoe, thank you very much. I am keenly aware and, I think, a number of the members of the committee are—the Government is not here, nor is the Senate Special Committee on Aging or the Older Americans Act, to help Indians with some problem, but rather to assist them to help themselves. Yet

we need to have the input from the many people here and your remarks are most appropriate as to what some of these issues are and where need can be focused as well as what can be done to help the Indian population to assist themselves and to better their lives. I think it is a responsibility and I am very, very pleased that you are here today.

Monsignor DONOHUE. Thank you.

Senator DECONCINI. We will next hear from John Lewis, executive director of the Inter-Tribal Council of Arizona.

I want to thank John for his friendship to me and taking the time and continuously advising us of certain needs and problem areas that we can assist in.

John, thank you for being here today.

STATEMENT OF JOHN LEWIS, EXECUTIVE DIRECTOR, INTER-TRIBAL COUNCIL OF ARIZONA, PHOENIX, -ARIZ.

Mr. LEWIS. I would like to make some general statements about the area that we are discussing today. I think we need to put this in some sort of perspective.

The Senator has outlined in his brief introductory remarks that we have the highest population of Indians over 65. I think that is the perspective that we need to look at--this question of the future aging among American Indians. In Arizona we have the highest population of reservation-based Indians, nationally. Our land base is nearly half Indian. What this means is that the Indians in Arizona certainly are impacted by any policy, by any legislative action, and by any new program services. We are certainly the highest Indian population area in the country and our views need to be heard and they need to be followed. We have a number of very good people here and I am sure there will be people speaking from the audience in terms of the needs of the elderly. I think that they must be put into the proper perspective, and that is that we certainly represent a larger segment of American Indians in the entire Nation.

I would like to say some things about the Inter-Tribal Council of Arizona. It is composed of the representatives from 18 tribal leaders. It is primarily designed to facilitate communication and to identify common issues that affect people here in the State. During my association with the Inter-Tribal Council, the issues that have been identified by the elderly Indian have always been a priority. Right from the beginning we had a very active movement on the part of the elderly in Arizona through the leadership of Alice Norris and Quana Lyons. They have worked with the Inter-Tribal Council, sought their support, sought their coordination in bringing about the first National Conference on Aging. This effort by Arizona tribes has continued.

GRADUAL PROGRESS EVIDENT

I would like to think that we are making progress. I believe that when we come to hearings, come to meetings, discuss our needs, it seems like we aren't making too much progress: but when we begin to look back over the years, we begin to see. One of the landmarks in the

National Conference on Aging was held here in the State. Much has come about. I believe the tribes in Arizona are certainly beginning to set their directions and are beginning to look toward them.

The Inter-Tribal Council has continued the interest in the whole area of human services. This is one area which, in the past 10 years, we have begun to take control over—how human services are being delivered to our members. I think as it goes through every program, whether it be programs for children, whether it be programs for adult education, or whether it be programs in the area of alcoholism, I think we all go through a phase of having programs being designed and delivered from the outside. We begin to get to the point where it is best to allow direct and equitable funding to tribes. This has been the format which has always been shown to be effective. This is something that we still need more of in the area of aging.

When we begin to look at the trend of the present human service legislation such as title XX, which deals with the comprehensive planning services, look at the health planning legislation and begin to talk about national health insurance, these types of new programs are overlooking the Indian people and their participation in it. These programs are going to have to begin to look at why the tribes are not being allowed to participate fully for a variety of reasons and to benefit fully under the resources. I think that people need to begin to recognize what is going to make these programs more effective in the Indian community. We ought to get back to direct funding and maximum control over programs by tribal groups.

I think that the Inter-Tribal Council has maintained the policy of trying to bring about that sort of happening where tribes begin to get direct access to resources. It is only in this way that they can design and prioritize their needs. I think we need to look at what has happened before. To be effective, we need to have policies that are consistent with Indian self-determination.

One other thing that the Inter-Tribal Council tries to do is to directly relate to those people who are the most directly involved in the areas of programs. We have set up a system of committee relationships. We don't see that there is so much to be done in a lot of areas. In order to see that the right people are involved, we have developed closer relationships with working committees and concerned people. The Arizona Indian Council on Aging is the group that we have continually supported. We have been in attendance and we continue to encourage the development of that committee. It certainly does represent the tribes in this area.

Again, we have recently met with the Arizona Indian Council on Aging and are supporting their efforts to become an Indian tenant organization. I think we are making progress in that area. We really look to them as Congress and the Arizona Council on Aging should be looking toward them. We see this as a most viable way of continuing programs that are really going to be affecting Indian aging. This is what it is going to take. It is going to take a group like this to really follow up and to continue to work on these programs and have the followup that is necessary.

At this time, I would like to turn this over to the representative who is going to touch upon these problems.

Senator DeConcini. Thank you very much, John. We will come back for some questions later.

We will now go to Alice Norris, chairperson, Arizona Indian Council on Aging, Sells, Ariz.

STATEMENT OF ALICE NORRIS, DIRECTOR, PAPAGO WISE ONES PROGRAM, SELLS, ARIZ.

Mrs. NORRIS. Thank you, Senator DeConcini.

Good afternoon, ladies and gentlemen, Congressman and distinguished members of the committee. My name is Alice Norris, director of the elderly program called the Wise Ones representing the Papago Tribe. I hereby submit this testimony for your consideration and for the record.

The purpose of this statement is to recognize the need to revise rules and regulations so that the Indian tribes will have assurance that Indian people's needs are effectively administered in their own environment, that the Federal Government is aware and should recognize that Indian tribes are quasi-sovereign entities capable of administering their own programs within their right.

Indian people had a government with chiefs, as leaders long before there were administrators in Washington. If the Federal Government is to fulfill its responsibility to the American Indian elderly, which is long overdue, there must be maximum involvement by Indian people in the decisionmaking affecting the lives of their elderly people, and should be voiced as to the mechanisms that will be developed. This land we call America was the happy, fruitful land of the natives called Indians, by mistake given to them by their Great Creator before it was anyone's tax dollars.

SOCIAL AND NUTRITION SERVICES INADEQUATE

The inadequacy of nutritional programs for our Indian people are due to lack of facilities. If the Federal Government was to justly accept our Indian ways, culture, or traditions, and help us to develop our own services utilizing some of the resources already existing, services to many other elderly may be extended. If we are to be basing our services as to the regulations set forth for a metropolitan or urban area, then it becomes very difficult. The acute needs of the reservation Indian, because of geographic distance, transportation, and lack of service providers, become a barrier which, with significance, we take a recourse to our own ethnic ways. If success was achieved to the highest level in anything that we do, without competition, then lives would become dull and achievements would hardly be worth the effort.

To initiate through education so our children of today may have a better life as senior citizens of tomorrow, efforts need to be made now through better housing for better health, cleanliness, self-respect, efficiency, responsiveness, pride, and mental well-being. Education should not be imposed on our now senior citizens, just to get them involved in projects, but that the interest be to better utilize the knowledge gained by them through bitter struggles in life, showing

our sincere concerns and interest. The Indian people or government must be given the chance to voice their opinions on reorganizational structure of any services that will affect our people, now and in times to come. We need to provide information about programs of all titles, when funds are available at a reasonable timeframe. We need to provide technical assistance when and where needed, and training for upgrading programs. We need to establish a method of training and communications in which to assume responsibility.

Most Indian villages are scattered and far apart. Distances, communication, transportation, and road conditions play a major role in the problems of the elderly Indians.

The Indian people have harsh lives, which are shortened by these conditions. It becomes necessary for us to plea for lowering the age to 55 years old for Indian elderly so that Indian people may enjoy all aspects of programs designed for the elderly.

NURSING HOMES NEEDED

A nursing home has been one of our first priorities of the Papago Tribe. Again, the elderly Wise Ones would be more content in their own home grounds. Moneys being spent to send them far away from home does not serve justice to the elderly Papago. One of my questions would be: Who decides on the designing of an Indian nursing home, or what kind of an operational manual would be developed and by whom? No. 1, the different levels of care, cost, number of people. No. 2, staffing, qualified nurses, training for the Indian staff. No. 3, food costs, nutrition, traditional. To outline the overall standards established—this can only come by better understanding of Indian people.

In conclusion, if Congress is to be realistic, funding for Indian tribes must be direct, and be recognized and looked upon as a unique part of our own government, equal to our State government.

The Arizona Indian Advisory Council was formed because in times past when the Older Americans Act was written, there was no input for Indian people, neither was there ever anything as far as Indian participation. The Arizona Indian Action Committee was formed in 1974 and began to develop and to look into the needs of the elderly Indians in the State. Then they laid the groundwork out of which came the National Indian Council on Aging. The National Indian Council on Aging was held right here in our city of Phoenix and over 1,500 Indians attended from all over the United States.

When the Arizona Indian Conference took on the National Council on Aging group, the Arizona Indian—since the State of Arizona still has the largest population of Indians—decided that the Indians within the State of Arizona would continue to meet and call themselves the Arizona Indian Council on Aging to keep abreast of things that are happening within the aging field. We have met and discussed the possibility of becoming an incorporated group so as to act as a liaison to the State Bureau on Aging and the Inter-Tribal Council.

In regard to the Older Americans Act, the purpose of this is to better understand the system and its functions within the Older

Americans Act, to have a better relationship with our State, to increase services so badly needed by our Indian elderly in our State of Arizona and, until such time as direct funding is granted to the Indians, we continue to work within the government, within the policies of our own State.

FUNDING CITED

The Papago Tribe—although the second largest tribe in the State of Arizona, it was not until 1975 that we ever received any sort of money for the Indian elderly. The first money, which was the seed money that we received, came through the community action program of the Papago Tribe, which was \$5,000. With that seed money, we began to develop programs. That same year we were successful in achieving our goal by getting some of the discretionary funding out of the Administration on Aging of \$48,391. For a 2-year model project, that was our budget. In 1975-76, Indian Health Service gave us \$38,080. That was a continuation fund for fiscal year 1976 and fiscal year 1977. We received \$20,000 from the Pima Council on Aging to do a study on our aging. In 1976-77, we then received, through the State from title III, \$18,054; under title VII, \$28,034.

I feel from the time we started working with the elderly people and looking into the needs and concerns for the Indian people as a whole, we have gone a long way in the Papago Tribe. We are now serving 5 districts out of 11, and hope to continue until we serve all our area.

Thank you for your time.

Senator DeCONCINI. Thank you very much, Alice. We will be back for some questions.

I want to take a minute and introduce some of the staff here. Tony Arroyos is to my left. He is on the minority staff and works principally with Senator Domenici, the ranking Republican member of the committee; Debby Kilmer, majority staff; to my right, Mari Finney—we are very pleased to have you; Lois Pfau, to my immediate left, is on my staff working in this area and others.

Our next witness is David Lundberg, director of the Navajo Aging Service of the Navajo Tribe, Window Rock.

Thank you, David, for coming that long distance today. We are very pleased to have you.

STATEMENT OF DAVID A. LUNDBERG, DIRECTOR, NAVAJO AGING SERVICES, WINDOW ROCK, ARIZ.

Mr. LUNDBERG. Thank you. My name is David Lundberg. My clan is Swedish and Clorox. That is what makes me white. I am very privileged to be here today. I thank you for the invitation to speak and also to represent and to have been advised by the Navajo Nation Council on Aging in regards to my testimony.

This testimony that I am about to submit has been reviewed by the Navajo Nation Council on Aging, which is the advisory committee for all aging programs in the Navajo Nation as recognized by the Navajo Tribe. It includes the portions of the reservation in Arizona, New Mexico, and Utah.

The needs of the Navajo elderly people were first brought to the attention of the Administration on Aging in 1971 at the White House Conference on Aging. Many promises were made at that time by President Nixon and Arthur Flemming, the Director of the Administration on Aging. The needs were again formally stated at the 1976 National Indian Conference on Aging in Phoenix, Ariz.

To this time, the intent of the Older Americans Act in providing needed services to elderly people throughout the United States has not made any significant impact upon the needs of elderly Navajo people. For example, 13 percent of elderly people within the United States are benefiting from title VII nutritional services. However, within the Navajo Nation only 2 percent of the elderly people are being served by the title VII nutritional program. This is not due to the fact that the Navajo Tribe and other Federal agencies are not cooperating with the program. Even though the Federal regulations require only a 10 percent local match, the Navajo Tribe in the Arizona portion this year is contributing 31 percent of the program's cost. This is due to unequivalent distribution of funds and inadequate funds available to provide services for the rural elderly, which includes the Navajo elderly. This condition applies to all titles of the Older Americans Act.

DELIVERY OF SERVICES IMPEDED

The Navajo Nation is in a particular dilemma because it extends into portions of New Mexico, Arizona, and Utah. This impedes the ability of the tribal government to be responsible to provide services to its deserving elderly. Nevertheless, the Navajo tribal government has established the Navajo Aging Service in August of this year to coordinate service delivery and planning for all Navajo elderly wherever they might live and in whatever State they might live. These funds are not coming through the Older Americans Act, but are being provided by the Indian Health Service through Indian Self-Determination Act funds.

I believe it indicates the feeling of the Navajo Tribal Council and its concern for Navajo elderly people.

The Navajo Nation suggests the following solutions to improve services of the Older Americans Act. No. 1, direct funding of all Older Americans Act programs to Indian tribes at their option. This would mean support for the amendment being sponsored by the National Indian Council on Aging for direct funding and, in particular, that the population statistics that the tribes use in receiving Federal funds from other agencies also be used in the distribution of Older Americans Act funds.

No. 2, coordinate all aging services through the family, the community—which, in the Navajo Nation, is the chapter—and the local unit of government, which is the Navajo tribe. This should include the setting of priorities and control of the finances at the local level so that the true needs of the elderly people can be met.

No. 3, the multipurpose concept of service delivery through a senior citizens center should be established and funded at a national level. This would insure more comprehensive delivery of services in the Navajo Nation.

No. 4, funding for services to Indian elderly must be increased in order to meet standards of equivalency. We recommend a national percentage of elderly people be served in all geographical areas of the United States, including rural and urban areas. This will necessitate higher funding for rural areas because of the higher cost of service delivery.

No. 5, there should be a base level for services to be delivered in rural areas. If a higher level of services is needed, funds should be provided in order to help these people.

No. 6, meals-on-wheels funding is needed in order to provide services to the very isolated rural elderly. This would have a major impact on the Navajo Nation elderly, if funded.

No. 7, there should be a nationwide home health care program for elderly and handicapped people. Rural elderly should not be denied these services because of their isolation.

No. 8, there should be a national insurance policy for vehicles used to provide transportation services to elderly people no matter what the program. For instance, in the Navajo Nation many service providers at the local levels do not have insurance. They use their private vehicles at their own risk to transport elderly people to needed services.

No. 9, there should be unified eligibility requirements and mandated coordination of services for elderly for all Federal programs, especially those under the Older Americans Act and the Social Security Act.

IMPACT OF ACT AWAITED

The Older Americans Act should be continued. The Navajo Tribe is anxious to find out what the full impact of the Older Americans Act would have upon the needs of Navajo elderly if the administrative problems were resolved and there was adequate funding as guaranteed by the Older Americans Act.

Many Navajo communities and elderly have requested services. No response to these requests for help is possible until action is taken by Congress. Your support is needed if services are ever to reach the elderly people of the Navajo Nation in a manner that truly meets their needs and in a manner that does not violate the uniqueness of the Navajo ways.

I would like to thank you for your help and your staff's help in getting a Federal waiver from the Administration on Aging in regards to some funds that the Navajo Tribe received. I think a special effort was made and the Navajo Tribe received these with the help of the State office and the regional office in a matter of 2 weeks. I think this is unique. I think this is the way that the Older Americans Act should respond to elderly people's needs—especially Indian elderly needs.

Chairman McDonald is sending a letter to Senator Frank Church, who is the chairman of the committee, requesting a hearing in the Navajo Nation in the future because of the fact that the distances for the hearings in both New Mexico and Arizona are so far away from the consumers of the services in the Navajo Nation. I feel very strongly that the Senators, and Senator Frank Church himself,

should hear from the Navajo consumers directly. This would be possible if the hearing were held in the Navajo Nation.

In response to your comments at the opening, the Navajo Tribe, in regards to lowering the age limit for eligibility, would feel very good about lowering the age limit as far as the allocation of funds. However, we feel that each geographical area, or each tribe, should be able to set their own priority in regards to an age level. For instance, if we are only serving 2 percent of the people with an age limit of 60 years of age, it is not going to help the tribe to serve more people if the age limit is lowered.

Again, the funding method—I think one of the major problems that needs to be resolved is the population statistics used by the States and the Federal Government in regards to Indian elderly population. The Navajo Tribe has seen estimates of population of Navajo elderly of 7,000 and the tribe's own estimate is over 14,000 elderly. That is quite a gap.

Title VII could be a lot more responsive if there were adequate funds and if, indeed, the Congress intended for elderly people to receive these services because of their nutritional needs, then there should be some assessment at a Federal level and at a local level of what can be done to get more people involved in the services. Some people might question whether nutrition programs violate cultural ways of the Navajo people. However, without much advertisement or any advertisement, there are over 50 communities in the Navajo Nation requesting the program. The reason no one is advertising the program or the services is that there are no funds to expand. Yet the communities are requesting and putting a lot of pressure on the tribal government.

RESOURCE COORDINATION NEEDED

In regards to health services, there is a need for better coordination of State resources, Federal resources, and tribal resources for health services. The Navajo Tribe has established a division of health improvement services to coordinate at a tribal level. However, the U.S. Indian Health Service does not have a geriatrician on the staff, does not have any policy in regards to health services for Indian elderly people and, therefore, Indian elderly people are being denied basic health services at this time.

The facilities that are being planned, again, do not take into consideration the needs of elderly people because there is no such health policy with regard to Indian elderly people through the U.S. Public Health Service.

In transportation, I think, the biggest problem is the fact that the eligibility standards and requirements are so different for each Federal program and elderly people can be denied by programs through State regulation or through Federal regulation because of eligibility standards. Also, I don't feel that much technical assistance has been given to the Navajo Nation to assist them in developing a transportation plan which can actually meet the people's needs. For elderly people this is the main difficulty they have in continuing to be an involved person in their government, particularly for Indian people.

Legal service is not often mentioned, but Indian people are still under assault through Federal and State regulations in regards to their legal rights and consumer problems. The Navajo Nation has received funding from the Administration on Aging for a demonstration legal program. However, it was only extended to small target areas. Yet the elderly people throughout the Navajo Nation need this service.

Finally, the employment, income, and housing problems. Housing is something that Indian elderly people are being denied every day, primarily because the BIA has an unwritten policy that if you are too old, you are not eligible for a house. Also, the regulations and the funding situation is so limited that an elderly person requests a house only if they have priority criteria. Many elderly request a house, then they give up the house to their younger children so that the children can stay with them and provide the continuance of the family life and the extended family. Yet, by the regulations, once the elderly person moves out of the house for their privacy, for their independent life-style, they cannot get more assistance. There are no regulations which allow for a hogah or a less-than-Federal-standard house to be built for the elderly person.

I don't think that there has been very much research or attention given to the income problems of elderly Indian people. I think that Indian elderly people, especially Navajo elderly people, are just asking for the minimum to sustain their lives and to allow them to continue to live with their families and not be divided and separated from their families.

Thank you.

Senator DeConcini. Thank you very much, David. I will be back with some questions.

Our next witness will be Randall Durant, director of the senior citizens program, Gila River Indian Community, Sacaton.

STATEMENT OF RANDALL DURANT, DIRECTOR, SENIOR CITIZENS PROGRAMS, GILA RIVER INDIAN COMMUNITY, SACATON, ARIZ

Mr. DURANT. Senator DeConcini and staff, ladies and gentlemen, I am Randall Durant from Gila River. When I first moved there 22 years ago, 85 percent of the people were hauling water in wagons. Today, that trend is reversed.

About 75 percent 22 years ago lived in sandwich housing. Today, only about 25 percent or 20 percent live in sandwich houses.

For the past 22 years, all the programs on the reservation have been geared to the youth and to the working adults. The elderly have been left out until 3 years ago when they got the nutrition program under titles III and VII through Tribal Health Services. As a result of the nutrition program being formed, they have received many supportive services and benefits. It has been a struggle to continue these programs. There is never enough funds to do the job right.

Through our nutrition program this past year, we have gotten a grant through titles XX and VII of \$219,228. Out of that, \$40,537 was put up by the Gila River Tribal Council because they cared for their elderly. This past year we have been able to secure a \$50,000

grant through titles VII and III—a one-time grant only—to remodel an old school cafeteria. Today, it is the finest kitchen in the State. It is modernly equipped to take care of all the elderly on the reservation.

"SIXTY-FIVE PERCENT . . . ARE DIABETIC"

We have a staff of eight. Through this nutrition program we have a halftime nutritionist who gives us nutrition education. She goes out into the centers. On Gila River we have seven districts and each of the seven districts has a community building where the elderly come each day at noon, 5 days a week, one meal a day. We are presently feeding 300 elderly a day—200 are congregate through titles VII and XX. Then we have 100 on home-delivered meals; 65 percent of our elderly are diabetic. Some of them are handicapped so their meals have to be taken to them.

Through the elderly nutrition program, we have been able to form a housing task force for the elderly. We have had gerontology workshops and we have supportive services. We have secured many things that have helped the elderly.

One of the things that we are always short of is transportation. We never have enough money to bring them into the center. We always run out of money 3 or 4 months ahead of time. The elderly have to revert to dinners, bingo, and things to get money for gas to bring them in to the centers.

The next thing is housing. We have been working 2 years with a housing task force to get housing for the elderly. We have been promised a new housing complex of 20 homes for the elderly and the tribe is working on this at present. If we can build a complex housing unit, many elderly Indians will be prevented from being sent to rest homes. They can live with their own people; help will be closer by and more protective services. It takes \$600 a month of BIA funds to keep and maintain an elderly Indian in a rest home, even in town here. By having a home like this, people could be closer and served better and it would save the Government money in the long run.

Title VII—there is never enough money to take care of the feeding of the elderly—the nutrition program—so we had to look for funds the best way we could through title XX. We have had good working relations with the State of Arizona. We work at it. We have tried. We have cared for the elderly and have tried to get funding anywhere we could to secure these services for them.

We have 630 elderly on the reservation over 60 years old. 100 percent of them are receiving some kind of aid through the Indian Health Service or field health nursing, community health representatives, the elderly nutrition program, community food and nutrition program, BIA social services, home visitor aids, housing repair, title IX. Under title IX, we only have one man. He is 80 years old, but he is an excellent carpenter. He is taking care of the home repairs for our elderly handicapped.

I wrote a letter to the U.S. Commissioner on Aging about trying to get the age limit lowered to 50 years of age. He answered: "It takes an act of Congress to do this."

Getting back to the programs, 3 years ago 10 percent of the elderly voted in the tribal elections. This past year, 67 percent of them voted in the tribal elections. Some of them were even elected to the tribal council. This program has helped them to reawaken and know that they are loved and respected.

RECREATION PROGRAM CITED

Yesterday we had our annual fall picnic. We have two picnics a year. We had the elderly from Fort McDowell and the elderly from Salt River to join us. There were over 325. We had our band out there; our band director is 86 years old. We had chorus groups from different districts, and three elderly members over 85 years old sang solos. It was wonderful. If the Senator could see this, he could realize what these programs mean. I know that so many thousands of elderly Indians are not receiving this. We are a fortunate group. I would like to see more done for the others too. I know that this can be done and the elderly and indigent are capable of running their own affairs. They are able to do this if they have the funds, the know-how, and the technical assistance to help put it all together.

Under the supportive services, we have legal aid, home repair, and home visitor aid programs, which are limited. It is not enough to go around—to keep them from going to rest homes.

At these gerontology workshops, the elderly have asked for hearing aids, teeth, glasses, and bathroom fixtures. We have looked for funds everywhere to try to accomplish this. Only about 30 percent of them have been able to be helped on their requests on this.

In closing, I have made myself available to the other tribes, giving them information on how we started our programs. This past week I sent a brochure to the Indian Health Board in Seattle, Wash. They are trying to start up a nutrition program for the elderly. I sent them all the information that I had available that will assist them to help them get started and show them how we put ours together.

One thing I can say in closing: The elderly themselves have really been the backbone of all of this. We have a nutrition committee that meets two or three times a month. They set the policy to develop this. Their menus are selected by them for the people. The people look it over and make changes they like. If the elderly had a hand in its planning, it would be a success. That is where your wisdom and your know-how come from.

Thank you.

Senator DeConcini. Thank you very much, Randall. We appreciate that testimony.

Our next witness is Alexander W. Ami, the Hopi Health Service, Oraibi. We are very glad to have you here.

STATEMENT OF ALEXANDER W. AMI, DIRECTOR, HOPI TRIBAL BUREAU ON AGING, ORAIBI, ARIZ.

Mr. AMI. Honorable Senator DeConcini, members of the staff, my name is Alexander Ami. I am director of the Hopi Tribal Bureau on

Aging, a title III project. I am here today on behalf of the Hopi Tribe to testify to the urgency of changing the language of United States Code, title 42, section 3023(b)(3)(a), to allow direct funding upon application by the Indian tribe to the Commissioner of the Federal Administration on Aging.

It is also our position that the Older Americans Act of 1965, as amended, be extended for another 10 years. I would like to include in the record of these hearings a written summation of our major concerns.

The Hopi elderly person is the bearer and preserver of the Hopi Tribe's traditional culture and history. The Hopi elderly persons are not ashamed of growing older. They accept it as a fact of life because they understand that the forces of life and the forces of nature are one cycle and that they have accomplished their being while on this earth. The greatest value of the Hopi elderly is that they represent to us a repository. All that we learned and talked about as a Hopi came to us from our elderly people. All that we hold valuable and important in being a Hopi comes from those who have gone before us. It is with pride and reverence that the Hopi look to their elders.

STATE IGNORES REGULATIONS

The Hopi elderly have always been a part of the extended family. Being the heart and the center of the family, they bring into the family unit experience, maturity, knowledge, and wisdom. "Of all the elderly in Arizona, the ones about whom the least is really known, and certainly the ones whose needs should be identified and met, are the older native Americans." This is a direct quote from the Arizona Task Force on Aging, reported to the Governor of Arizona in 1976. However, the State of Arizona has rarely had the interest or means to provide adequate services to Indian people and almost never offer services that respond to our unique cultural needs and values. The regulations for the act try in a number of ways to force the State of Arizona to focus on tribal needs and to provide services to the Indian elderly, but Arizona has almost completely ignored these regulations.

I will talk about issues and recommendations. No. 1, the Hopi Tribe has historically had a unique legal relationship with the Government of the United States. The present Federal policy of self-determination adopted by Congress in the Indian Self-Determination Act reinforces this relationship. Its goal is to assist the Hopi Tribe and other tribes in developing units of government that provide service directly to our own people. However, Indian self-determination cannot be carried out when the money and control over programs is given to the State. No. 2, the Hopi Tribe has experienced great difficulty in securing adequate funding through Arizona agencies for aging to provide necessary services for the Hopi elderly. No. 3, the Hopi Tribe lacks adequate resources to perform services to the Hopi elderly themselves or to provide necessary matching money for securing government funds.

RECOMMENDATIONS

No. 1, the Congress of the United States of America is hereby petitioned to amend the Older Americans Act to provide for direct Federal funding of programs to serve our elderly. No. 2, appropriations by the Congress for native American programs for services to our elders shall be based on identified needs rather than on per capita basis. I am saying this because we are a small tribe. No. 3, funding of all programs to serve our Hopi elders by the Administration on Aging shall be for a minimum period of not less than 5 years. Those programs which have demonstrated their effectiveness in serving Hopi elders shall continue to be funded on an ongoing basis.

ISSUE

The establishment of a nursing home on the Hopi Reservation is a priority need. Currently, the Hopi elderly needing skilled or custodial treatment are placed in a facility many miles away from the family and their own cultural surroundings. Many of our elderly persons have died in these facilities prematurely due to a sense of alienation and loneliness they have felt in being away from their familiar surroundings.

RECOMMENDATIONS

No. 1, Federal funds should be made available directly to the Hopi Tribe for the design, construction, and operation of these facilities at the local level. No. 2, Hopi nursing homes or shelter care facilities on the Hopi Reservation shall not have any State controls imposed on them. Federal regulations shall govern these facilities similar to the Indian Health Service Hospital.

ISSUE

Some of our Hopi elderly live alone and are too incapacitated to live in existing private dwellings without adequate supervision.

RECOMMENDATIONS

No. 1, that on-site paraprofessional service be made available to assist the Hopi elderly person. No. 2, that sufficient funds be provided for adequate care for the Hopi elderly in all areas of identified service needs, such as homemaker services and social services, to meet their social and emotional needs.

ISSUE

Some of the older Hopi persons are suffering from malnutrition. This is the result of the inadequate and sometimes total lack of information regarding a properly balanced diet. The present Federal food programs are not designed to meet the nutritional needs of the Hopi elderly.

RECOMMENDATIONS

No. 1, that all nutritional programs be adequately funded directly to tribal groups to satisfy the nutritional needs of the Hopi elderly. No. 2, the U.S. Department of Agriculture must assist the Hopi Tribe in the development of food programs utilizing existing programs such as food stamps and medical services to fit the particular nutritional needs of the Hopi elderly persons.

ISSUE

Lack of transportation deters the Hopi elderly from acquiring the necessities which would assure him of a normal and healthy life. This often denies him the opportunity to obtain the necessary medical services. Also, poor road conditions, lack of adequate communications systems, absence of public conveyances, and isolation compound these problems.

RECOMMENDATIONS

Funds should be allocated to assure the Hopi elderly of their transportation needs. One of the ways the problem could be alleviated is by providing a vehicle necessary to overcome the existing conditions cited above.

ISSUE

The social, physical, and spiritual well-being of the Hopi elderly is of the utmost importance. Funds are inadequate to finance social and cultural needs oriented toward the Hopi elderly.

RECOMMENDATIONS

Sufficient funds should be allocated for the Hopi elderly to develop and assure the continuance of activities which are important to their physical, spiritual, and cultural well-being. Such activities might include, but not be limited to, social gatherings, sewing, cooking, arts and crafts, gardening, farming, and other means of recreation. These measures will promote better health for the elderly and avoid the possibility of loneliness and depression.

ISSUE

Last, but by no means the least, is the critical issue of health. In comparison with other races in the country, the Indian people generally suffer from very poor health conditions. This situation is compounded for the elderly Indian people. These conditions are further aggravated by lack of funds for dental care, hearing aids, and eyeglasses. Medical services for elderly Indians are inadequate to meet their needs. Several reasons for this are insufficient staffing, inadequate health facilities, and the seeming lack of concern of the Federal and State services on aging. In addition, there is a lack of Indian professional medical staff to assist in upgrading medical services to elderly people.

RECOMMENDATIONS

No. 1, all health facilities be immediately upgraded to meet the specific standards of the Joint Commission of Accreditation for Hospitals. No. 2, that sufficient funds be allocated to finance all aspects of health services so as to provide complete health coverage. No. 3, that educational grants be provided to encourage individual Indians who wish to pursue and complete professional health careers.

In conclusion, funding for the Hopi elderly must be directed to the Hopi Tribe. This is because the tribe is best equipped to manage their own programs. Funding must also be provided under all titles and it must be sufficient for the numerous necessary programs. For too long since the act was passed, the Hopi Tribe, as well as the other tribes, have been left out and reservation programs have not received adequate funding. Not until 1974 was funding for the tribes allocated. Most of the funds were for model grants or small feeding programs. Even now we are still being offered only a fraction of what is needed. We believe that you and the Congress would like to take adequate steps toward helping the older American programs on the Hopi Reservation. We ask, therefore, that you seriously consider the points raised in this statement.

Enclosed is a resolution¹ passed by the Hopi Tribal Council. It is self-explanatory.

Thank you.

Senator DeConcini. Thank you.

The next witness scheduled was Hampton Haozous and we will have a representative later of the San Carlos Apache nutrition program, or the tribal people here from San Carlos who will testify later.

We will now go to Billy Kane, the director of the Native American Program, White Mountain Apache Tribe, Whiteriver.

STATEMENT OF BILLY KANE, DIRECTOR, NATIVE AMERICAN PROGRAM, WHITE MOUNTAIN APACHE TRIBE, WHITERIVER, ARIZ.

Mr. KANE. We have prepared a brief statement addressed to Senator Frank Church, Senator Dennis DeConcini and the other members of the U.S. Senate Special Committee on Aging.

Senator DeConcini, I would like to introduce to you some of the tribal members that have come with me from our country up north.

I have Mary V. Riley, a tribal council member and also a member of the senior council on projects; Mr. Peter Riley, a veteran of the armed services from the Seven Mile District; Velva Cromwell, a participant in the title VII program from the Carrizó District.

Senator DeConcini. We are very pleased to have you here.

Mr. KANE. My staff people: Mrs. Cynthia Parker; my assistant, JoAnn Proulx; the nutritionist, Mrs. Daisy Lupe; Mrs. Alverna Roberts, one of the drivers for the group, and Sharon Goklish.

We also have staff from the Public Health Service: Dr. Tim Strand and public health nurse Genevieve Hopper who, with your permission Senator, will present a slide film. I understand the distance prob-

¹ See appendix 1, Item 1, page 889.

lem was mentioned here and we would like to show you part of what we are trying to express to you.

Also, my family members, my wife and my daughter, are back there by the door.

On behalf of the White Mountain Apache Tribe and the tribal chairman, Ronnie Lupe, we, the members of the White Mountain Apache Tribe in the State of Arizona, would like to thank you for the opportunity today to express our concerns on behalf of our elderly members. We have come from the north approximately 200 miles from here where our reservation consists of 1,664,372 acres of wild and beautiful high country covered with Ponderosa pine, spruce, fir, and aspen; pinyon, juniper, sycamore, and oak grow thick along the lower slopes and streams.

Our large reservation is situated in a remote area ranging from 2,700 feet above sea level to 11,500 feet above sea level at Mt. Baldy—the White Mountain peak. We had the first few days of snow flurries just this past week. We have nine major communities on our reservation: Whiteriver, North Fork, McNary, Seven Mile, East Fork, Canyon Day, Cedar Creek, Carrizo, and Cibecue. The farthest community from Whiteriver is Cibecue, located 50 miles due west.

Most of the major community roads are paved, except to individual homes.

On the national level, there are 10 percent of the population who are over 65 years of age. On our particular reservation, in 1976, there were only 2 percent of our population who were 65 years and over. There is currently 4.1 percent of our population—which is 8,750 members—who are only or over 60 years of age. This clearly indicates that very few of our elderly live past the age of 65 years.

EXISTING PROGRAMS FOR THE ELDERLY

The following are the existing programs we now have on the reservation. First, the title VII nutrition program which serves approximately 219 senior citizens daily at five site locations. Second, Administration for Native Americans Senior Opportunity Service provides work programs for 10 elderly daily in two communities, \$69 per week per participant. Three, the National Council on Aging work program serves only 22 elderly daily in two communities at \$72 per week per participant. Through the BIA social service department all we have are custodial and skill care, nursing care, skill boarding, and non-medical and personal care. These programs simply do not provide enough services for our elderly.

The following statements are devoted to the needs of our elderly White Mountain Apache Indians. Nursing homes, skill care—there is a great need for a nursing home on this reservation, that is, Fort Apache Indian Reservation. In the past, we have sent our elderly who needed care to other far-away municipal areas like Mesa and Phoenix. The facilities situated in the desert provide care to a predominantly white population. Our elderly are often placed where no one understands their language or culture. Loved ones can seldom visit due to the long distance involved.

Most of our elderly have a unique tribal code of ethics and retain cultural ties to their homeland, as well as lifestyle. It radiates credence that the elderly will prolong their lifespan if there were appropriate skill care services available here on the Fort Apache Indian Reservation. Therefore, most of the elderly, once they leave their homes for a distant nursing home, begin to feel dejected, demoralized, and unwanted, thereby creating a feeling that they have been turned away to die. Once the nursing home is established and operating, the attitudes will change for the better, allowing relatives to visit them more often. We are hoping to establish this nursing home in the old Indian Health Service Hospital when the new one is completed in about a year.

There is quite a demand for foster care services for the elderly who do not need skill care, particularly during the cold months during the fall and winter. Most of the existing nursing homes in the valley will not accept the elderly who do not need skill care. Second, we have 25 elderly in the nursing home, of which 17 are for skill care services.

There are great needs of the elderly for homemaker services programs as well as for the home health care program. With this, most of the foster care needs would be dealt with.

Most of the elderly do not own vehicles, motor driven or otherwise, and need shopping assistance. Some of the communities have privately owned trading posts where merchandise and food items are exorbitantly priced. There is only one supermarket now owned by the tribe and it is in Whiteriver, which is anywhere from 1 to 50 miles away for the tribal elderly. A relevant transportation program is a must.

Our nutrition program for the elderly under title VII should not go under the area agency on aging. Rather, an Indian agency on aging should be established because of the various Indian cultures and sovereignties. We also urge performance funding for title VII programs.

HOUSING PROGRAM NEEDED

There is a definite need of a housing program for our elderly. The existing Federal housing program criteria eliminates the elderly from the start, due to their meager income. Individual income per annum seems to be the basic criteria upon which eligibility is decreed. Need should be considered the basis. Because very few of our elderly reach the age of 65 years and over, the eligibility age should be lowered for the Indian elderly programs.

We stress the need for continuing programs of group feeding and home delivery of meals for the elderly. Most of the elderly reside at least 4 miles from the feeding sites. Few of the participants own motor vehicles. Expansion of the feeding program is being contemplated to serve the remaining communities. Construction funds for feeding centers and senior citizen centers should be made available, as well as operation funds. Recreation funds should also be on hand for use where applicable.

The work program for the elderly should be on a year-round basis. Presently the work is based on a small budget which allows only 3 months' activity for 10 participants. These are only for 55 years of age and older.

Senator DeConcini with your permission, we would like to show these slides.

Senator DeConcini. Mr. Kane, what I would like to do at this time is take testimony from Delores Hanga who is here from the Hualapai Tribe. The hearing is going to continue, but I am going to have to leave shortly after this. However, the hearings will be open for all who are here to participate. Lois Pfau, Debby, and Tony will be here to take the testimony, which will be printed and delivered to each Senator. I have some particular questions written down here that I would like to have answered, too. Due to scheduling problems, if you don't mind, I would like to hear from Delores at this time on the Hualapai nutrition project. Then we will see the slides.

Mr. KANE. Thank you.

Senator DeConcini. Thank you.

STATEMENT OF DELORES HANGA, DIRECTOR, HUALAPAI NUTRITION PROJECT, PEACH SPRINGS, ARIZ.

Ms. HANGA. Good afternoon everyone.

My name is Delores Hanga from the Hualapai Tribe. We are from the northern country. I am not well prepared, but I know my people well and I work with them day by day and feel that we, as a small tribe, are just the same as the other tribes here—but we are isolated. Highway I-40 will be going through in 1978. There won't be very much traffic and we will probably run out of business in our \$1 million store that was just built there 1 year ago. We, as a small tribe, are trying to do our best in order to get our elderly going day by day. We feel that they do need to exercise and they need nutrition just as much as anybody else. They need it every day. They need a well-balanced meal. We have a problem there with diabetics. I read in the paper that there are other Indians, as well as white people, but that is our No. 1 disease among our Indian people.

We have several of our elderly people that are here in the nursing home in Leaven and the Phoenix area. We have transported all our Hualapai elderly people up to the Kingman area in a nursing home that is 50 miles from our area, which was a short trip for our people to go and visit our elderly people there at the nursing home. We take them every week. We try to see that they are well, but I can't say that they are well because they are sick, and their sickness is increasing year by year. They are getting more medications year by year. We studied them every year, every day, every month. We have tried to study their ways and we know what to expect from individuals because their ways are changing. They are just like going back into their second childhood.

NEW HOMES DEFICIENT

One of our biggest problems in the Peach Springs area is the 70 new homes that are being built there. Most of our people are in these 70 new homes. I, also, am included in that 70 new homes. In the wintertime last year, all of those in the 70 new homes were living in the front room because the only heat they had was the fireplace. It is so drafty. There is no heat in these 70 homes. Even now when it rains the roofs leak. Most of these homes are leaking. Even my own

bedroom is leaking right into the center of my bed. I have a big tarp there. I was ready to go to Utah and just leave that tarp there where the water can drip and go across my bedroom. These homes and so forth are the problems that we have there on our reservation.

Also, we have a problem with our water. We are not getting enough pressure for these new homes. Not too long ago one elderly gentleman did not take a bath for such a long time he got infected so bad they had to bring him into the city hospital. Most of our elderly people do need cleanliness. I and my office worker and health services try to do our best to teach them and try to help them as much as we can. We do the cooking and cleaning around the houses as much as we can and try to bring wood in. We have 12 people working in the program. They have a big truck there, but it is so muddy out there on the reservation that they cannot bring wood in. This is the problem that we have there on the reservation also.

The people that are in the nursing homes in Kingman are not eating the food that is being served to them. We have three young qualified Hualapai girls that are working there as nurses' aides to help with our Hualapai elderly in the nursing home. We have found that they are not eating at all because they wish for the Indian food that they have eaten for so long. Once they are put away in these nursing homes, they are not eating at all.

So we have made up our minds to take food down to them through our food and nutrition program and feed the meals there or have the staff in Kingman prepare the meals for our elderly people there. It would be a separate meal for them. They are dying slowly in the nursing homes; they are lonely, they can't read, and they feel that they are not wanted. We would like to see our young people who are there on our reservation somehow bring some of our elderly home where they could be among their own people. We would like to try and help them as much as we can. All these problems exist there on our reservation. We need help. We are a small tribe and we cannot do it alone. We need your help.

Food and nutrition is also combined in one big building. There are about three or four programs in that one area. That is the only building that we have there. We have a tribal office. Head Start is there, the health program, and food and nutrition. We have all this in one building. It is so crowded. We need to have a new senior center for our people. Once they are old, they like to do their own thing. We need a new building for our people and for our elderly program.

Senator DeCONCINI. Delores, I'm sorry to interrupt you, but I am going to have to leave at this time.

What I would like to do now is to go to the films. Then we will have some questions for you.

Ms. HANNA. Yes. Thank you very much.

Senator DeCONCINI. Thank you.

You can go ahead and start the films.

Dr. STRAND. Senator DeConcini, can we ask you any questions before you leave?

Senator DeCONCINI. I'm sorry. I am going to leave right now. My staff will be here. They will take the questions.

SLIDE PRESENTATION BY DR. TIM STRAND AND GENEVIEVE HOPPER, NATIVE AMERICANS PROGRAM, WHITE MOUNTAIN APACHE TRIBE, WHITERIVER, ARIZ.

Ms. HOPPER. This is an 86-year-old man, Lee Declay. He is almost blind, and he is hard of hearing. He lives in this little house.

Dr. STRAND. This man used to be a councilman of the Apache Tribe, and also one of the sheriffs in Whiteriver many years ago. He was at one time shot in the line of duty as a police officer. He lives now in a little shack in Whiteriver.

This is another picture of Lee. We got there to take these pictures just about dinnertime. Lee was just sitting down to dinner. You can see his cup and his bowl covered with flies. I have treated Lee on several occasions for diarrhea, in the hospital, and for dehydration. I wondered why he kept coming back, over and over again, sick. He has no screens on his windows. He has no screen door on his house. He has no indoor toilet. He has an outhouse right outside the house. When I was out there visiting his house, I can understand quite well why he comes in sick over and over again.

Genevieve mentioned—Genevieve is one of the field health nurses that goes out and helps to take care of some of our elderly patients in the community. She mentioned that Lee is deaf and blind at this time. He lives in this little one- or two-room shack there. If he can make it out to the outhouse, he goes there. In the winter there is often snow on the ground. We are a little different from the other tribes. We are not situated down at the bottom of the desert; we are up in the high country. Our lowest town is around 4,000 or 5,000 feet above sea level. McNary is at 7,000 feet. It is extremely cold. Lee often doesn't make the trip out of there to the outhouse in the wind and snow in the winter.

Ms. HOPPER. This is Etta Antonio and Eric, her husband. He is 76 and she is 71. She is in a wheelchair. She can't walk. Her husband is paralyzed on one side. They live in a two-room shack. There are about six of their grandchildren in these two rooms.

VISITING NURSES NEEDED

Dr. STRAND. This is one of the rooms in Etta's house. They are both in their seventies. They have both had strokes. Neither one of them is very strong. Etta, like many other elderly patients, has diabetes as well. She could be greatly assisted by a visiting health nurse. At this point in time, neither the BIA nor the Indian Health Service has provided for visiting health nurses or visiting health aides. They could just go around once a day and check on these patients, make sure they have firewood, and remind them to take their medicine once a day so they don't get sick.

You can see here that they have the same problem as Lee and that is that there are flies everywhere. This is a major health problem; flies and mosquitos cause many diseases—not only diarrhea, but encephalitis and other really severe diseases. You can see there the footprints that flies have left when tracking in the mud outside of

the house, then landing on the roof. Over the past several months, they have left their footprints all over the lightbulb and all over the ceiling.

This is a view looking from the second room in this little house where six or eight people live. In this room a mother and a new-born child live. You can just see the corner of the bed there on the left. The child is now 2 months old and has gained no weight since it was born. I have had the child in the hospital for the past several weeks. The child constantly has diarrhea and was not gaining any weight. These are problems relating to housing, problems relating to environmental health, making sure that people have screens on the doors and windows. Nobody really takes the responsibility for this. We do have people who work in environmental health, but they haven't got around to some of the basic and important things like buying a little bit of screen.

Ms. HOPPER. This is Riley Loas. He lives alone. This is a new house.

Dr. STRAND. I've seen Riley Loas many times in the hospital. He has Parkinson's disease—shaking—and I have tried to get him on some kind of medicine regimen at home because he was refused nursing home care by the BIA. It is extremely hard to regulate the medicine at home because the medicine he needs must be taken three or four times a day. He is somewhat senile and he can't remember how many times he has taken it or if it has been taken at all. I have finally given up trying to treat the shaking from the Parkinson's. It could be treated in a nursing home. In addition, on one occasion he came in when he had fallen and he had a huge bruise over one eye. I was really concerned and requested that for his own health he go to the nursing home for a while. He refused to go to a nursing home because the only nursing home available for our Apache people in a foreign country, is in Phoenix, where no one understands his language, where no one knows his customs, and where his family cannot visit him. We need a nursing home in Whiteriver to take care of our patients there. He absolutely refused to go to a nursing home away from his country.

NURSES' TIME CONSTRAINTS EVIDENT

This is a picture of another one of our fine public health nurses, Pat Deelay. The specific role that these nurses are supposed to have is in patient teaching, health education, teaching in the schools, teaching people how to keep from getting TB, in following up on cases, and tracking down public health problems. These nurses are not really able to do this because they must spend all of their time running an out-patient type nursing home—running around and taking care of all these patients that could be served well in a nursing home in Whiteriver.

There is another thing that we desperately need. Senator DeConcini sent us a letter and asked us what we needed in Whiteriver. One thing we need is educational loans so that more people can go away and become nurses and physicians and business administrators and hospital administrators. They would then have the wisdom and experience to run their own programs. I am not sure what educational aid programs are available, but if the Senator could put in a

word there on educational assistance, specifically for native Americans, this would be of a great assistance to these people.

Ms. HOPPER. This is Dolly Burnett from Canyon Day.

Dr. STRAND. I don't know too much about Dolly Burnett. She doesn't trust white people very much, I don't think. I don't believe she has been to the hospital in the last year and a half. She is very independent. She lives alone in this little one-room shack in Canyon Day on the Apache Reservation. You can see there the holes in the walls. You can see the wood. The wood used to build their houses is essentially kindling. This is a problem that has killed three of our Apache people in Whiteriver. They have died in fires when their little one-room shacks have burnt down, trapping them inside. This is a definite problem relating to poor housing. If you will look inside, you will see that she has just a heating stove to keep her warm through the winter when the snow falls. Her stove has a broken door. There is no way to keep the cinders inside from landing out on the floorboards and burning her to death. This is a horrible thing to see. Something that I will never forget. It impresses upon my mind the need for safe and adequate fireproof housing, a thing which many of our elderly people do not have.

This is another picture of the open fire. There is no way to close that fire off.

This picture was specifically for Senator DeConcini, who has left. I wanted to show Dolly sitting there with the hat of her husband and the chaps of her husband on the wall and the American flag, under which she sits in her little one-room house. She is an American citizen but, I believe, has grown somewhat suspicious. When we went down to take her picture, she wasn't really sure that anything good was going to come of it.

This is a picture of all of her belongings wrapped around her in her little 10- by 15-foot house. It is a beautiful picture of a lady in her midseventies, a very independent lady, but a lady who will need some help in the future by visiting nurses, some help from a nursing aide, or a nursing home.

This is the last picture. I would like to entitle this one "Do you really want to help?" She looks just a little skeptical. The field health nurse who talked to her that day told her we were taking these pictures to try to impress on the Senators the needs of our elderly people, but don't be too upset if nothing happens for a few years. Things tend to move a little slowly. She looks like she does not expect too much change in the next few years.

Ms. PFAU [presiding]. Thank you very much, Doctor, for those slides.

Doctor, you said that you would like to ask some questions of the Senator. If you would like, we would be very happy to accept them and we will get a response back from the Senator to you and to the group.

NEW INDEX FOR FUNDING PROGRAMS?

Dr. STRAND. I have just one major issue that I would like to address, which is the need for indexing of all Federal health, education, and welfare programs so that the dollar amount given to these

programs is indexed to the rate of inflation. We have a problem with many of our programs given at a set amount. One program—and this is not specifically related to the aged—is the maternal and child health program, which has cut down our infant mortality rate a great deal on the reservation. I was given a budget 6 years ago of \$226,000. That budget has not increased by a single penny in the last 6 years. The rate of inflation has increased the cost of services: It looks like we are getting a great deal of money, when, in fact, we have gotten a 48-percent decrease in the funding of that program. All Federal programs, in all fairness, should be indexed to the rate of inflation. Can anything be done to help the erosion of our health funding, our education funding, our welfare programs caused by this inflation? I might just add, in explanation, that each time the salaries go up—my salary as a physician and the nurses' salaries—we fall into higher tax brackets so we are taxed at a higher percentage rate and actually pay a greater percentage of our income for taxes but, in return, the health and welfare programs are not indexed to take this problem into consideration. A specific example is the maternal child health program. There was one physician and four nurses funded under this program. We are no longer able to afford our physician. We have three nurses and one administrator. This happens in all our programs; the elderly, maternal and child health, the budget for the hospital—we have to operate on the same dollar amounts this year as we operated on last year. That is an 8-percent decrease. We severely need an increase consistent with inflation to maintain a steady service.

Thank you.

Ms. PFAU. We understand and we certainly will get this answer back to you.

Dr. STRAND. There will be appearing—perhaps not this Sunday, but the following Sunday—in the Arizona Republic some articles. I asked the press to come up and look over our hospital and talk to people in the Indian Health Service office. This should appear in the Arizona Republic.

Ms. PFAU. Thank you very much, Doctor.

Senator DeConcini left some questions for the witnesses. Then we are going to hear from the rest of you.

Yes, do you want to say something?

Mr. STEVENS. I am Jess J. Stevens. I would like to say a few words. I have to leave pretty soon.

Ms. PFAU. Very well, we will let you say a few words.

STATEMENT OF JESS J. STEVENS, MEMBER, NATIONAL INDIAN COUNCIL ON AGING, SAN CARLOS, ARIZ.

Mr. STEVENS. Reverend Father and members of the panel, ladies and gentlemen. I am a San Carlos Apache from San Carlos, Ariz.

The reason why I came here, I thought the Senator would hear a little of my problem. I am a member of the National Indian Council on Aging. I will be going to Oklahoma City in the next 2 or 3 days. I want to know if we can get some funds expanded. The funds that we are now getting don't cover all our problems. They are really needed because there are many of the older Indians who are not getting what they should be getting on the reservation. We would

like to know if we could get a little more money to be able to carry out our transportation program and have a nutrition program like it should be carried out. It is being carried out now, but it isn't enough to cover the whole reservation. It is not enough to cover the older Indian people at all. We have a very poor system of transportation.

Also, we have inadequate hospital facilities. Now, I know Congress this year has cut down on some funds. I understand the plan is that they are going to be laying off some personnel in the hospital. Now, this is really needed. Unless we as Indians ask for these additional funds for the programs that need to be carried out in some of the reservation hospitals, especially ours in San Carlos, we aren't going to get them.

ADDITIONAL FUNDS NEEDED

There are a lot of things that are really needed. I am also a member of the health board in San Carlos, which is a different setup. On that health board, there are a lot of things that could be had if they had the money. This is actually money from the U.S. Public Health funds. It is expended to create such a program on the reservation, which has been done, but the money isn't enough. We need transportation badly. I am sure that all the Indians need transportation. Especially we need more funds. As I said before, we need to expand a little more. We need additional funds to carry out sufficient programs for people.

I wanted to say this to Senator DeConcini, but he had to leave.

Ms. PFAU. He will hear what you are saying.

Mr. STEVENS. Good. This is all I have. I have to go. I have a long ways to go and I can't drive at night.

Ms. PFAU. Thank you, Mr. Stevens. I know you came a long way. I know what time you started out this morning because I met you here this morning, if you remember.

Ms. Kilmer has something to say.

Ms. KILMER. As you entered the auditorium in the back, there are some pink sheets that say if there had been time for everyone to speak at the hearing you would have said such and such. These sheets are available to you. They have Senator DeConcini's address on them. If you want to take them home, take some back to your reservations or your communities where you are from; you can take these and have them sent into Senator DeConcini. That statement will be included in the hearing record like all the statements given here today.¹ Also at the bottom, if you just wish to get the transcript from this hearing, you can just check this down below and mail it to Senator DeConcini and he will be sure that everyone gets a copy of the transcript of this hearing. The address is on the pink sheet. All the information is there that you need. You only have to mail it to us with whatever you want. If you want the statement included in the record, it will be done. Please take any of these you need in the back of the room when you leave.

Mr. STEVENS. Mary Riley would like for me to interpret for her.

¹ See appendix 3, page 900.

We all came into this building for one purpose only—I think it was all for one purpose.

She says we are all in need of more money to carry out our programs. We are all working the best we can, but the money isn't there. We are now in the progress of building a new hospital at White River. When that is completed, we would like to have our present hospital—half of that is in good shape. We would like half of that so that we can have all of our older people that are now in rest homes brought back to our own reservation. In about 1½ years, we are hoping that the hospital will be completed and we can bring back all of our older people from the various rest homes in the State.

"WHEN THEY SEE ME, THEY CRY"

We, as council members, have talked about additional funds from the Government in order to carry out these programs, and also with the tribes' own money so we can take better care of the older people. The reason why I am saying this is because I do come to Phoenix rest areas and some of our older people that are in there—when they see me, they cry, they want to go home. It hurts me so bad. This is the reason why I would like to see my older people back in our own reservation. I don't speak very good English. I understand a little. I would say more, but I thank you anyway for listening to me.

I may say one more thing. All of us Indians have unique problems all over the country. I will speak for the urban Indians. The urban Indians also are in need of many things, perhaps maybe in the same line which I have asked for. I know that many of our urban Indians are sometimes not being accepted into the hospitals because they are urban Indians. These Indians are urban Indians not because they want to be urban Indians—because they want to have a job, they are looking for employment and they have to move into the cities. This is the reason why I feel that our urban Indians need as much as the reservation Indians. I am speaking for all the Indians of this State and the United States.

Ms. PFAU. Mr. Stevens, I believe that the urban Indians are here to testify today and we are anxious to hear their testimony.

Mr. STEVENS. I'm sorry, I am hard of hearing.

Ms. PFAU. I am really grateful to you.

Mr. STEVENS. You must remember I am an old man.

Ms. PFAU. We appreciate what you have said.

Mary—did we get Mary's last name?

Mr. STEVENS. Mary V. Riley.

Ms. PFAU. I know that Mr. George is here to testify. Tammy Sixkiller, are you here, too? I know there were others that came in and said they had prepared statements. We would like to hear from all of you.

STATEMENT OF BOB GEORGE, EXECUTIVE DIRECTOR, DIVISION OF SOCIAL WELFARE, NAVAJO TRIBE, WINDOW ROCK, ARIZ.

Mr. GEORGE. My name is Bob George. I am with the Navajo Tribe. I am the executive director for the newly created Navajo Division of Social Welfare.

I am sorry that Senator DeConcini had to leave our presence this afternoon. I would have hoped that he could have stayed a few minutes longer so he could hear from various representatives who have requested they be heard personally and who have various statements to issue officially on behalf of the governing bodies of tribal governments that are situated within the boundaries of this wonderful State of Arizona.

As indicated, I am presenting this statement on behalf of the Navajo Tribe, on behalf of Chairman Peter McDonald, and on behalf of the Division of Social Welfare for the Navajo Tribe. I certainly am appreciative of this opportunity, members of the staff, Senator DeConcini, panel members of this hearing, and various representatives officially or nonofficially, and interested persons who are interested in the plight of the Indian people in this country and in this State. I, again, am thankful for this opportunity.

It is important that we try to increase our understanding of each other and that we speak with respect for each other. I would like to share with you your own interpretation of aged as a basis of furthering our knowledge. "To acquire a desirable quality by standing undisturbed for some time; to become mellow or mature; to bring to a state fit for use or to maturity." Comparing this definition to the current status of the elderly in both contemporary American society and Indian culture, it is ironic that the Indian attitude toward its elderly is far more compatible to the above definition than is that of American society's. In viewing the role of the elderly in the two lifestyles, one is faced with an important basic difference—an industrialized culture versus an agrarian culture, or mechanization versus humanism. Industrialization, with all its wonders and luxuries, is accompanied with the notion of replacement—parts are easily forced aside and discarded if slightly worn. Unfortunately, the process has extended itself to people, and today you find the elderly deteriorating in nursing homes across the country, somewhat of a forgotten people.

INDIAN CULTURE REVERES ELDERLY

The Indian cultures have always viewed the aging process with reverence, as a time to look forward to. For, as age increases, so does one's value in the family and social structure. We like to think that our culture is part of what is perceived as distinctly and authentically American around the world. And this Nation's treatment of our culture is, in many lands, the true test by which our Nation's commitment to freedom, democracy, and equality is judged. For better or for worse, we are now bound up in the same future. If only out of self-interest, we must be committed to each other's survival. Neither can flourish without the other. We cannot win respect around the globe without respect for each other at home.

Therefore, we, as Navajo people and American citizens, strongly feel a crucial concern that more understanding and fuller respect can only come from a stronger commitment and maximum involvement at all levels of our governmental system.

This being understood and implemented as relates to any type of human service delivery cannot harm our endeavors. Maximum involvement, as viewed by our people, is having input and/or control at the administrative levels of various programs affecting program participants. The ultimate intent is, of course, for Americans to increase their strength in the decisionmaking mechanisms governing and controlling various elements of their lives.

Through this attempt to increase our voice in such decisionmaking processes, needy Americans throughout the country have begun developing mechanisms to strengthen such policies and concepts for the purpose of developing the necessary skills for administering programs for their locale.

Maximum involvement of specified target groups in decisionmaking is today, a concept highly advocated in the United States. Such a concept is ideally linked to decentralization. The idea being, of course, that only those persons directly affected by the umbrella program can realistically set program standards. Such a concept has been put into action by the Social Security Act's title XX program for all needy people; Public Law 93-638, the Indian Self-Determination Act; Public Law 94-437, the Indian Health Improvement Act; and title II of the Social Security Act, grants to States for social security, which permits American Indian governments to establish their own standards in American society for reservation day-care centers, institutions, and foster homes.

It is the belief of the Navajo Nation, as evidenced by insufficient services to the elderly on its reservation, that the needs of the rural elderly Americans are not being adequately implemented or fulfilled. The elderly are the cornerstone of our country but, tragically, have become one of the most neglected groups. The major focus to date has been on the urban elderly population, probably due, in large part, to the easier accessibility of this group. Therefore, we are most concerned and interested in working toward new service delivery for the rural elderly.

In so doing, two major concerns must be addressed. Participation in administration and funding mechanisms, as well as how they directly impact the quality and quantity of service delivery.

ELDERLY PARTICIPATION DESIRED

Participation in administration, since the intent of the Older Americans Act is to develop plans, conduct and arrange for research in the field of aging in the implementation of this act, then it stands to reason that implementation plans of the Older Americans Act would reflect more involvement of rural elderly by, first, recognizing the appropriate government entities—State, local, and tribal governments—which can provide relative appropriate direction and advice through very capable and well developed administrative mechanisms. This would, indeed, foster and strengthen the democratic principle of the right to govern one's self, to change the service delivery system to focus more realistically on problem areas and resolve them.

It is important to recognize that any older Americans legislation cannot infringe upon State government authority or jurisdiction,

but, just as important, it must avoid infringement upon Indian governments and its jurisdiction.

Second, the rural elderly population of this country face a multitude of problems, inclusive of reduced mobility, poor nutrition, low income, and deteriorating health. The Indian elderly population faces similar conditions, but at a rate three to four times more severe than the general rural population. Not only are they faced with such problems as stated above, elderly Indians are witnessing the destruction of a unique lifestyle and traditional beliefs. To paraphrase General MacArthur, "Old lifestyles never die, they just fade away." The elderly Indian population has experienced and endured more emotional upheaval than any group in this country. They have suffered injustice, in addition to demoralization, through this country's attempt to assimilate them into American society. All that has been sacred and dear to them has virtually been ripped from them in our efforts to force them into the "melting pot" ideology.

If the intent of this Nation is indeed to continue its pursuit of such an ideology, some humanistic consideration will have to be made regarding the severity of physical and emotional conditions elderly Indians have been forced to endure.

How much longer must elderly Indians have to endure such heart-break? How much longer does this Nation wish to allow such suffering to continue? Indians have never been allowed the basic right to direct their own lives in a country founded and resting on a principle of individual freedom.

Services extended to elderly Indians should be built around family unity and dignity—major elements of Indian culture. The focus of service should be changed to allow for compatible adjustments within American society to address the diversified needs of our elderly population. The concept of program delivery should be directed to the elderly within their own environment, lifestyle and accommodation according to their needs. To exemplify, focus change in areas of health care services and protection services for the elderly could be strengthened so that institutionalization would exist only as one viable alternative out of three equally feasible choices.

FUNDING MECHANISM

The current approach in providing comprehensive services to elderly Americans through planning processes and administration of human service programs gives the State and Federal governments a significant role in regulating distribution of resources. Neither of these alternatives recognize the decisionmaking capacities of tribal governments, nor the capacities of the American Indians. Such regulatory measures do nothing more than promise to erode the decisionmaking capacities of our tribal governments.

Our country and our Government has a reciprocal duty to protect our future and to see to it that our country's history and its cornerstones, our elderly, are not forsaken. We realize that as the minority of the minority of this country's elderly, we are vulnerable. We are concerned and we ask that you become concerned that this vulnera-

bility is not exploited and that wherever possible alternative means are developed so that our history and our hope for a future are not treated as the most expendable.

We ask that you, our country, our Government, seek alternatives, that together we seek alternatives before we become victims of each other's misunderstanding and confusion.

In closing, I offer the following. A poet of your culture once wrote:

"Though you have shelters and institutions,
Precarious lodgings while the rent is paid.
Subsiding basements where the rats breed or
sanitary dwellings with numbered doors,
or a house a little better than your neighbor's.

"When the stranger says: What is the meaning of this city?
Do you huddle close together because you love each other?
What will you answer? We all dwell together to make
money from each other?
Or this is a community?

A few years ago, N. Scott Momaday, a Kiowa, wrote:

"There was a house made of dawn.
It was made of pollen and of rain,
and the land was very old and everlasting.

"There were many colors on the hills,
and the plain was bright with
different colored clays and sands.

"Red and blue and spotted horse
grazed in the plain, and there was
a dark wilderness on the mountains beyond.
The land was tilled and strong.
It was beautiful all around."

I do not know if we will ever come to a common understanding of our communities and/or house. I do know it is the house and/or community we must all live in—together.

Thank you.

Ms. PFAU. Thank you, Mr. George.

Mr. McKinley, I understand that you have come a long way to make a statement. We would love to hear from you now.

Can you come up here or can we bring the mike to you?

Mr. McKINLEY. I could stand here, I guess.

Ms. PFAU. Fine.

STATEMENT OF HOWARD McKINLEY, VICE PRESIDENT, NAVAJO NATION COUNCIL ON AGING, WINDOW ROCK, ARIZ.

Mr. McKINLEY. Thank you representatives of Senators DeConcini and Domenici, officials of the Senior Citizens Administration, and brothers and sisters of the Inter-Tribal Conference.

It is a pleasure to be here because we come in the spirit of what the late Paul Jones said in a congressional hearing in Washington. When the Pimas and the Papagos were restricted to drilling more wells in their land, he asked why. The Congressman asked him why he was concerned about other people's water problems when he had problems of his own. He replied that a Christian nation had taught

the Indian people that we are our brother's keeper. It is in that spirit that we come here today.

We also come here together with our representatives—our Congressmen. I know this is a spark of political trust, but it clears up every once in a while. Senator DeConcini is one of our leaders who led in some political victories that were of great concern. We are glad and we hope they will stick with us to the end to win, not only more battles for the senior citizens, but also other deprived groups of our Indian people.

All these policies and flowery records sound fine, but certainly we all agree that we need more funds, we all agree that we need Senators—we all agree that we need all these things, about 40 of them mentioned in the Older Americans Act, which was passed 12 years ago. Today we are not only a dollar short and an hour late, but we are 12 years behind. It is pleasant to think that we are on our way to assist the deprived people.

A picture was shown awhile ago. We have that all over the reservation. In fact, just about 300 yards away from our services, we have one man who sleeps in an old car body while other people get assistance to build a \$100,000 house—a four-bedroom home. That is what I call, bluntly, poor administration. That is what we call this terrible sickness of lack of coordination, lack of setting priorities which are local problems.

"PARALYSIS BY ANALYSIS"

Another chronic ailment which the Indian people have suffered from for the past 100 years is the continual study and analysis of Indian problems. We have that today. It is a critical ailment. It is called paralysis by analysis. It is the misuse of funds, and funds diverted from where they were intended to be used to assist deprived people and elderly citizens.

I want to commend three individuals. Every time I talk about deprived people—I know. I hid this problem until 1 year ago. I always thought that, well, I will attend to my business at 74. I didn't know I was going to have such problems as this. I never paid any attention to it. Lately it grieves me very much to actually see some of the things that were shown in the pictures. We have many programs, some of them overlapping, some of them just bluntly what we call do-nothing programs. That is exactly what some of them are. With people like Senator DeConcini and Senator Domenici—David Lundberg, who started a very active program a year ago, all of which have been lying dormant for the past 12 years; mostly all talk and no action is what it was. The Indians say: "A lot of wind and no rain." That is what has been happening.

We also talk about problems of the aging. We mention minor things like nutrition and transportation. We believe that they ought to get with it and start in an orderly fashion. We need increased funds for programs and income for individual senior citizens, which solve other minor problems. Their income certainly would solve their own problems. With adequate centers, certainly it would solve a dozen problems. It would solve nutrition and social problems. They could

get together and not only eat, but they could learn and discuss these problems and work these things out themselves. This is what we can do. We have a pilot project—we hope that it is going to be a pilot project—and we call it the cradle of progress. We are in the suburbs of Fort Defiance. We hope to build a limited number. Like most Indians, we don't work together as a team. It is difficult to get some of these programs going.

A year ago I was elected to be the representative at the Navajo Council on Aging, also the local council at the center. I was invited to what they call a congregate meal site. The congregate meal site didn't attract me very much because it sounded like a feedtrough where you get down on all fours and get as much as you can. I think we need to give it a better name. We need something to provide social functions. That is what we are just beginning to do now.

With all these different programs, our problem is lack of supervision—lack of know-how. For instance, our senior citizens are eligible for every housing program. We have some 7, 8—I don't know how many—10 different housing programs. We use all of them. We also have citizens who lack housing. We have all these services we are talking about, but due to lack of orientation, due to lack of committees that will work and do their jobs—for instance, the CETA worker, CHR, CD worker, CAC, all these kinds of programs, a lot of them, can provide all these things. But when it comes to a show-down, it is the people that already have homes that are getting new homes while the deprived people constantly go around in circles just trying to get even a homesite. I think those policies and procedures must be updated and changed from the top down to the local level. The more I observe and visit elderly citizens, their own children, their own grandchildren—they are ripping them off. They are ripping me off, but they do it politely. I have some students down here and they say that they have a big telephone bill, they have a big car bill, they have a rent bill. I scrape up everything I have to pay these bills. Those are things that we should determine on our own.

NUTRITION . . . IS AVAILABLE

As far as nutrition is concerned, let's be sensible and practical. You don't have to talk about it over the radio and promote it. Just give them a good hamburger and you will get all the vitamins you need. Get with it and butcher a whole mutton, eat the whole mutton, you will get all the vitamins you need. Get a good shake. Get down in the Cottonwoods and eat it. You'll get your nutrition. Of course, some of them would like their little dinner wines or milk. I see nothing wrong with that. These are local problems.

When we talk about mass transportation; nobody ever saw mass transportation. Everybody has tried it. Every city has tried it. David Lundberg has got a good idea. Maybe we could provide coupons or a voucher system where you can buy so much gas and provide your own transportation. That is what they are doing now except they are always out of gas or they always have a flat tire, but with a coupon you can buy gas or you can get your flat tire fixed.

Another thing, these deprived people don't always get to the chapter meeting first. They get there when they get there, some of them. It is always the guy that has a new car. It is always the guy who already had one or two or three houses that gets there first. That is why these people are not being served—they didn't come. That is a very foolish answer because every act and every proposal says that people who cannot do for themselves shall be serviced and those are who these programs are for.

I am happy to be here and to say that I think what Nixon said in 1971—Nixon and Arthur Flemming—these documents have been presented or are going to be presented. Nixon and Flemming said to go back to your own respective communities and get to work so that those of us who were there can make their last years the golden years, helping others, giving priorities for the needy and not for our friends, and keep our nepotism and political affiliations out of these priorities.

So ladies and gentlemen, I am here and glad to see our old friends and also to guarantee that we will work together politically. We are going to see that our good friend Domenici will be reelected. We also want to reelect DeConcini. Thank you very much.

Ms. PFAU. Thank you very much.

Mr. Singer.

STATEMENT OF AMOS F. SINGER, CHAIRMAN, NAVAJO COUNCIL ON AGING, WINDOW ROCK, ARIZ.

Mr. SINGER. Thank you. Welcome to this hearing.

I just want to express my strong feelings on what has been said here by Senator DeConcini in his opening statement. I have seen it. We need more understanding and services for the elderly of the Navajo Tribe. Many tribes have expressed their views on this problem and this is very fine.

The Indian Tribes will cooperate with the Federal Government and the State governments of Arizona, New Mexico, and Utah. It has been said that Arizona has the largest Indian tribes from throughout the Nation in one State. We will cooperate with the Federal Government and the State government. We need to run this program the way we want it to operate.

I have been a member of our tribal council for 25 years. I have worked with the Navajo problems until 3 years ago. I am now the chairman of the Navajo Council on Aging.

My vice chairman and my secretary are here too. We think there should be more direct funding and understanding by the Federal Government of the problems the Navajo are facing and the kind of programs they need.

I just want to thank you for being here and thank you for all Indians for thinking on the problems of their elders in Arizona. Most of what I want to say has already been said so I think I will close and just thank you for coming.

Ms. PFAU. Thank you, Mr. Singer.

[The prepared statement of Mr. Singer follows:]

PREPARED STATEMENT OF AMOS F. SINGER

On the Navajo Reservation today, as in society as a whole, jobs and programs are based on a level that the elderly are not able to compete with—especially if they are lacking in skills and education prior to the coming of "modern wages." There was no retirement for the elderly Navajos from a useful existence; rather, there was a continuous utilization of the individual. The transition from the traditional society to the modern economy has brought about, to a large degree, the ensuing, high 68-percent unemployment rate that is borne most heavily by the aged Navajos.

The lifestyle of most Navajos is characterized by rural living conditions; in that, most people live scattered throughout our reservation in remote and isolated areas without the "modern conveniences" to conduct their daily living activities. The Navajo Reservation encompasses the four corners region extending into three States—Arizona, New Mexico, and Utah—and covers a vast area of 25,000 square miles. The population, as recorded through a recent survey by the Bureau of Indian Affairs Office of Vital Statistics, is 149,950. The capital of the Navajo Nation is Window Rock, Ariz., which also serves as the central office of the different agencies, tribal, BIA, PHS, and others, operating on the reservation. Although resource agencies are available on the reservation to assist needy Navajo people, elderly people are oftentimes neglected as they represent only about 9 percent—or 14,264—of the Navajo population. In other words, Federal programs operating on the reservation have not even begun to scratch the surface of the problems encountered by the elderly. To a large extent, efforts are geared to the needs of the younger generation, thus neglecting the aged.

Due to the vastness of the reservation and its scattered population, the reservation is sectioned into five areas or "agencies," with each agency maintaining a central office through which programs are administered to meet the needs of the people. The agencies are listed by overall agency population: (1) Ft. Defiance Agency (Ariz.) 4,496-36,550; (2) Crownpoint Agency (N. Mex.) 3,048-32,710; (3) Shiprock Agency (N. Mex.) 2,555-29,431; (4) Western Navajo Agency (Ariz.) 2,130-26,723; (5) Chinle Agency (Ariz.) 2,035-24,527.

Because the reservation extends into three States, the tribe and ONEO is required, through present existing Federal regulations, to respond to three different sets of State and regional regulations and procedures to obtain funds which often result in the fragmentation of programs in respect to State and regional boundaries. In many instances, projects or programs do not reach many of the needy elderly who could derive some benefits, but intent participation may be minimized as a result of attempting to comply with set State regulations and guidelines.

This is a major setback in trying to obtain funds from State agencies who, in many instances, are unsympathetic toward Indians, because plans made at the State have not always taken into consideration the needs and impact of the Indian.

At present, a component program of the Navajo Tribe, whose services are extended throughout the reservation, has had to oftentimes limit some of its services to a State through which funds may be secured. The ONEO, like other service organizations on the reservation, attempts to serve the overall reservation and different age groups. An office specifically designed to impact on the needs of the Navajos, as elders, is much needed.

STATE FUNDS RESTRICTED

A good example of restriction of State funds is given under the Older Americans Act, title III and title VII, which is set up to serve only the Navajo residents of Arizona. In an effort to provide these services to other elderly Navajos of New Mexico, funds were also secured from the State office on Aging. Refunding, in both cases, for these previous years has not been very promising. The nutrition program, which help serve the elder, established with the title VII in New Mexico, is presently inoperative.

Presently, we organized groups through which they can voice their opinion or groups which can act on their behalf in various conferences and meetings. These agencies to the elderly through their program are identified whether these services are based on needs alone or that the program is specifically designed

to serve their needs, is the office of the Navajo Economic Opportunity (ONEO) and the Navajo Nation Aging on Council.

Previously there were programs for the elderly; the foster grandparents program is funded by ACTION, and involves approximately 113 Navajos 55 years of age and over who serve in the capacity of foster grandparents to the handicapped children placed in special education program on the Navajo Reservation.

The Navajo senior community service project is funded by the Indian District Development Council of Arizona, and involves a number of elderly Navajos 60 years of age who provide needed service to homes of other elderly people.

ONEO programs also provide some assistance and services to the elderly Navajos. The major source of funding for these programs is through the Office of Native American Program (ONAP). Others available to all other needy Navajo families are Navajo prevocational training program (NPVTP); housing; Navajo nutrition education program (NNEP); local community development program (LCDP); and the Navajo Tribe.

The Tribal Office Social Service (TOSS) secures its funds from the State of Arizona and New Mexico Health and Social Service Department. Social services are available through this office to overall reservation in Arizona and New Mexico. Because the State of Utah has not committed itself to matching moneys with the tribe to have social service activities available in this part of the reservation, the tribe also limits its services in this region. Other existing tribal programs that provide services to the Navajo population and, therefore, inclusive of the needy elderly are programs such as the health and welfare department, the community health representative program, the Navajo Veteran Affairs Office, food stamp office, and the tribal work experience program. The Bureau of Indian Affairs (BIA) Social Services, suboffice of the BIA social service program, is primarily involved in providing financial assistance on a request basis based on set eligibility standards.

Social service statistics enumerate that this office provides general assistance to approximately 27,000 Navajo people on the annual basis. BIA home improvement program is designed to serve the overall reservation on a request basis. This program, like others, has no specific service plan to meet the needs of the elderly. This office provides requesters with housing material. As indicated by this office, the waiting list for request is usually for more than funds appropriated. An average of 278 elderly individuals are assisted through this office on an annual basis. There is a lot of redtape involved in this process of application, which involves obtaining the approval from one's governing community official or "chapter," then the request to housing offices. Because no housing program assists with all needed material and labor, the requester has to contact other agencies for assistance. This itself is consuming and is especially hard on average elderly Navajos who oftentimes don't have transportation to travel among offices to insure proper process of his or her application.

In the U.S. Public Health Services, there are presently only eight Indian Health service units operating on the reservation to serve the 149,950 Navajos. This indicates that services for the medical needs of the Navajo people is utterly inadequate. All medical prostheses furnished by the service units are made available through this office. Only in certain instances do the elderly have some priority in receiving medical attention: BIA, PHS, and Veterans Administration sources, and Dine Bistsis Bah Ahaylaa, Inc. (DBBAY). This is the only nursing home in existence on the reservation. DBBAY provides care for custodial capacity of 79 beds which serves primarily elderly people. Because of its convenient location to the midst of the Navajo Reservation, the facility attempts to serve as many needy elderly people as possible with funds to operate. The facilities are generated through the use of moneys through BIA, PHS, social security, and Veterans Administration funds. State funds have been most inaccessible, due to a certain strict set of requirements and regulations that must be complied with. This is a much needed service for elderly individuals, who oftentimes have been sent off to other nursing homes located from the reservation. The DBBAY services approximately 75 elderly people a year: (1) social security, (2) railroad retirement, and (3) supplemental security income. Because of prevailing laws against release of client information, it is not known what percentage of the elderly Navajos participate in those listed programs.

MOST ELDERLY UNAWARE OF SERVICES

Although very few programs have been identified to specifically address the needs of the elderly, more often than not, most elderly people are unaware of services that are available. This is the result of poor communication, education, transportation, and poor news media coverage, or even the red tape involved in applying for assistance. The present needs and problems of our elderly are varied and multiple. Some of the more common problems which confront the daily lives of our elderly are those listed hereas following:

(1) Transportation and communication: Because of transportation problems, the elderly Navajo cannot acquire those necessities which would assure them a normal and healthy life. This denies them the opportunity to obtain needed medical services, proper food and clothing, and those essentials for daily living. In addition to this, road conditions are poor, lack of communication system, absence of public conveniences which is further compounded by the problem of isolation.

(2) Housing programs are available on the reservation; however, the need for better housing on the reservation barely meets standard guidelines. Because most homes are scattered throughout the reservation, electricity and running water are unobtainable. Due to limited income and the high cost of housing utilities, most homes are substandard. Housing programs oftentimes don't consider the needs of the recipients in regard to style, design, or building materials in home construction.

(3) Income: The majority of our elderly are uneducated and many of them subsist from their traditional pursuits: livestock, agriculture, and arts and crafts. The unemployment rate on the reservation is a high 68 percent, the median educational level is the fifth grade and median income is \$938. However, if these figures were to be matched against the elderly, statistics would be considerably worse. Elderly Navajos have little income which can permit them to live a healthy life in an environment to suit their needs. Due mostly to the past relationship with the government, most of our elderly people did not have the opportunity to participate in retirement programs such as company retirement plans, insurance plans, income property investment, etc., and in many cases, the social security program. Therefore, the major source of income for many of the elderly is welfare, and for those fortunate enough to reach 65, social security at the very minimum level.

STATEMENT OF DOLLY VICTOR, SAN CARLOS APACHE NUTRITION PROJECT, SAN CARLOS, ARIZ.

Ms. Victor. I represent San Carlos Apache Tribe. I have just recently started working as an elderly coordinator.

You have asked for comments on title VII and title III on the San Carlos reservation. We just started in September and we are progressing very slowly. We have a local nursing home on the reservation, but not in the community. There are people who are saying keep off the reservation. This is only 10 miles off the reservation, but still their families don't come visit them as often as they should. It is very lonely for these elderly people. It is heartbreaking to see them. They want to be back on their reservation where their loved ones could visit them once a month or once a week.

We have a feeding program which feeds close to 100 people. There is another small community 35 miles away from San Carlos. We have about 25 feeding programs there.

We have about 50 feeding programs in San Carlos for the people who have shelter care. That is what we call our rest home. The people in shelter care are served three meals a day, 7 days a week. Those in home service have one hot meal 5 days a week. It is coming

along pretty well. Under these programs, we do need some more staff and transportation, just like everybody else. We don't have enough funds. We are now serving only about one-fourth of our elderly people. We would like to, if possible, serve every one of them.

We had a meeting with the bureau for aging. We had talk about going back to food commodities, which I didn't like at all. Our people didn't like the food commodities: powdered milk, cornmeal, those foods that come in cans. If we go back to these, we know that our people will not do it. They are saying they will do away with the food stamps and I thought that that was sad because our people will not be able to get fresh fruits that they need, or milk, meat, produce, anything fresh. It is going to be so hard on them to go back to the commodities. Our people didn't know how to serve them or to fix them, and they were wasted.

We do need more funds to provide nutrition, health, education, and transportation.

Thank you very much.

Ms. PFAU. Thank you, Dolly.

Tammy Sixkiller, I know you are here and have been waiting. Would you like to come up at this time?

STATEMENT OF TAMMY SIXKILLER, NATIVE AMERICAN SENIOR CITIZENS PROGRAM, PHOENIX, ARIZ.

Ms. SIXKILLER. I am Tammy Sixkiller. I am the supervisor for the Native American Senior Center, which is located here in Phoenix. It is the only urban Indian elderly program.

We, too, have many of the problems that have been expressed and given by the various representatives. Ours are very similar.

Before I begin, I would like to give a little bit of the history on how our program began. Also, I would like to introduce the only other staff person—in fact, the one who started with the program—Mrs. Arlene Cordova. She and I have been working with the program, but she has been with it since it began.

The program began in 1972 with a survey in the nutrition project, which demonstrated that there was a large elderly population of Indians that were not receiving services. Out of that, the city saw that they could perhaps try to start a nutrition program, which began as a lunch program and today still is the same program. Since that time, we have also instituted different kinds of services, which include arts and crafts, information and referrals, transportation, escort services to health and social service facilities, counseling, telephone reassurance, advocacy, outreach, and emergency support services. The programs are funded through the city of Phoenix human resources department, aging division. I would like to say that those funds that come from the city of Phoenix are for staff salaries only—with a bit for office equipment, pencils, papers, a little bit of xeroxing, and a single telephone.

Funds to operate the program come from private sources and donations. Right now it is a very, very small budget.

GUIDELINES HAMPER SERVICES

We also just recently obtained the use of different titles, like title XX which, again, is another problem because within title XX we are not able to stay within those guidelines. Under title XX we are under problem solving. Some of the guidelines state that we have to wait for the Indian elderly to come and tell you their problems. We know that they are not going to do this. We have to go out and reach them. Also, all the paperwork that goes into it and problem solving that is required under title XX—sometimes our people do not care to give this information and they would just as soon forgo having their problem solved. We do know a lot of the problems so we go ahead and do it anyway.

The Indian population of the greater Phoenix area—it has been estimated that there are approximately 11,159 Indians in the metropolitan area, according to the 1970 census. Out of that, it is estimated that there are over 903 persons who are over the age of 55. With our program, we are not able to provide services for these people due to limited staff. As I mentioned, Arlene and I are the only staff persons. We are citywide for services.

We would like to just say that we realize that many of the programs lately under the Older Americans Act have the interest of the elderly and are concerned about their needs and concerns. What we would like to see is, as far as Indians were concerned—if they would take into consideration the cultures and traditions and perhaps have Indian people working with such programs so that we, as Indian people, will be able to continue with our cultures and our traditions.

Thank you.

Ms. PFAU. Thank you, Tammy.

I saw at least two other hands.

Would you like to come up now and identify yourself?

STATEMENT OF IRENE STEWART, SECRETARY, NAVAJO COUNCIL ON AGING, CHINLE, ARIZ.

Ms. STEWART. My name is Irene Stewart. I am from Chinle, Ariz. I am involved in the program over there. I am secretary to the council and, also, I am the representative to the Navajo Nation Council on Aging. For these reasons, I am authorized to go to meetings and talk about these problems of the elderly.

I have a statement and comments here from the elderly themselves in Chinle, Ariz. A meeting was held on October 31, 1977. The statements and comments presented by the participants were as follows:

No. 1, Federal in-home care. No. 2, better housing and housing maintenance—statements concerning the inability of the elderly to maintain and repair their homes. No. 3, the elderly need winter clothing. No. 4, there is a need for a senior citizens center in the Chinle community. The elderly would benefit from a center with greater service. No. 5, transportation. At the present time, we have one 12-passenger van to transport the elderly to the congregated field sites, 5 days a week. There is a need for two more vans. A great many

Navajo elderly are not being reached by the services, especially those living in remote areas beyond the 10-mile radius. We need a reliable count of the elderly throughout the five agencies of the Navajo reservation. We need to bring about fair share of funds and get all the benefits from the resources available. More funds should be allowed to Navajo elderly because they are greater in numbers in the State of Arizona. We, therefore, express our support for the goals and objectives being pursued for adequate services for fiscal year 1978.

The Administration on Aging provides direct funding to the Indian people of the United States. The motion was made and seconded for a 95-percent increase for the Navajo elderly of Arizona. At this meeting a quorum was present and it was passed by a vote of 62 members, and none opposed.

These are the statements and the comments that I received from my community in Chinle, Ariz. I thank you very much.

Ms. PFAU. Thank you.

STATEMENT OF KENNETH WHITE, PROJECT DIRECTOR, NAVAJO FOSTER GRANDPARENT PROGRAM, FORT DEFIANCE, ARIZ.

Mr. WHITE. My name is Kenneth White. I work in Fort Defiance with the Navajo foster grandparent program, under the Office of Navajo Economic Opportunity.

We had been planning, in terms of presenting our problems to this group and Senator DeConcini—we got all of our citizens in our program to state, themselves, directly to Senator DeConcini what they saw as their problems. I think we have over 200 elderly people who signed a petition statement.¹ I would just like to let you hear this.

First of all, I would like to explain what the foster grandparent program is. The foster grandparent program provides activities and companionship for elderly people to work with young children in boarding schools, the hospital, special education schools, and public schools. They work 4 hours a day, 5 days a week. The concept of the whole thing is, a volunteer program. A lot of our elderly need the money.

Our position paper reads as follows:

We, the elderly citizens of the Navajo Nation and the senior volunteers under the Navajo foster grandparent program, do hereby agree that there is a definite need for further development of elderly services on the Navajo Nation.

Therefore, we respectfully request your office's attention and assistance in this matter. We would like to see improvements in areas such as transportation, housing, social service and employment.

Those are the four that we have listed, but we could go on and on. We request consideration and attention to this matter, which will be greatly appreciated.

So, I would like Senator DeConcini to have a copy of these petitions that we have here. There is only one original copy. I think that what we will do is to make some copies and send them. Is that all right?

Ms. PFAU. That is just fine.

¹ Retained in Committee files.

COOPERATION ESSENTIAL

Mr. WHITE. One thing that I would really like to see, and what I see right now in our community or in our people that are involved on our reservation, is that a lot of people are very interested right now and what we are trying to do is make a better cooperative effort. I think what Mr. McKinley was trying to stress is that everybody needs to work together and work toward one definite goal. We are working with the Office on Aging, Mr. Lundberg, with the tribe, and Donna Scotti with nutrition. We are also working with Bi-State Social Services. We are all trying to work together. We are working with the Public Health Service also. A lot of these problems we are trying to tackle, such as transportation and housing. These are just a matter of survival. It is just a matter of providing the basic needs. Start from the basics and you can work up to all these concepts. When a person doesn't have enough wood or doesn't have a fire or any insulation or anything like that, that is where you have to start.

One thing that I haven't heard anybody mention here that I would like to see is to have elderly hearings on our Indian reservations instead of us coming down here to Phoenix. Why can't we have hearings where all this is happening? I would like to have it on different reservations also.

Like everybody else, we are having a problem with funding. An example, and I guess it applies to everybody, we have 200 grandparents on our program and we have to cut down to 118 next January 1. It is going to be more or less up to me to try and explain to these people why, within our project, they can only work for 5 months and then be cut off, which isn't too good. They get to know the children; they get to know their job; they begin to appreciate it up until December 1, then it just all gets cut off. I think the funding should at least be for the whole school year where they work with these children, instead of getting situated with the thing and then getting laid off right after that. I think that is one of our problems. These elderly people, when they teach the seasons, they teach all four seasons as it applies to the children. What we are going to be doing here is teaching them the summer and the winter. We don't have a chance to teach the four seasons. I think that applies to the other two seasons. I think that applies to the funding. The funding should allow for them to at least have a complete program instead of an incomplete program. That is our problem.

Thank you.

Ms. PFAT. Thank you, Mr. White.

Yes, I see one more hand here—two more hands.

I would like to thank Monsignor Donohoe and Mr. Thomas, our State director, for staying the total meeting. I hope that you have learned as much as we have in the time we have been here.

I would also like to introduce Tony Gabaldon of the Senator's staff in Phoenix and Carol Kirk, who is sitting behind me.

Mr. GABALDON. I am Tony Gabaldon, staff director for the Senator here in the Phoenix office. Carol Kirk works here in the office with me. I want to remind you that if you have anything that you have forgotten to say today and if you need our help during the ensuing months, be sure that you drop in to see us or write to us. We are here at the Arizona Bank here in Phoenix. We look forward to working with you.

When I took the Senator to the airport, he did want me to remind you that he was sorry that he had to leave, but his plane left at 4 o'clock so he could meet his commitments this evening in Tucson. He is sorry that he had to leave at that time. He left his Washington staff here, five of the individuals that he brought from Washington, to carry on, then also the two of us from the Phoenix office that are here also.

Ms. PFAU. Mr. Ruskin.

STATEMENT OF WILLIAM RUSKIN, HOLBROOK, ARIZ.

Mr. RUSKIN. Distinguished officials from Washington, I would like to request for the older and elderly people that have come here from long distances—it seems that we have forgotten the old people. We are talking about the young people. It seems we should have a better system. There are two of us and we are almost blind; we had to drive a long way from the Navajo Reservation. The traffic here in Phoenix is so fast that we couldn't follow it with our eyes. We had to look seven different ways to see where we were going.

We need a better system for the old people. We need transportation to bring the people from the Navajo Reservation, or other reservations, to take care of these people. We get out here and we don't know where we are going. We need to have information before we start, which we don't have. The ONEO told us there was a meeting here in Phoenix somewhere, but we weren't informed correctly. We had to find our way here. We need assistance.

This conference will be going on in the United States from now on. This old age program is going to go on. This program is going to follow right behind, like the ONEO program and the BIA program. We have to start the system right. The Senator came from Washington on an airplane. He came all the way in the plane, on schedule. We are not informed in that way. This is what I have in mind—all these regulations, recommendations, and resolutions. This is my suggestion.

Ms. PFAU. We thank you. Those are good suggestions. We are sorry about the problems you had in getting here.

[The prepared statement of William Ruskin follows:]

PREPARED STATEMENT OF WILLIAM RUSKIN

Thank you Mr. Chairman for the opportunity to testify before this distinguished Committee on Aging. I am sure that you will hear many testimonies on problems regarding the elderly Indian citizens presented to this committee. I would only urge you to seriously consider those recommendations made by these witnesses, as they come from first-hand experience and directly from people affected by the aging legislation.

For my part, I like to concentrate on one issue that affects all senior citizens on Indian reservations and is of particular importance to the Navajo Nation. As you are well aware, the Administration on Aging presently channels all Federal dollars through the respective State governments for local use. I suppose this policy is desired and workable for non-Indian senior citizens. I further understand that it works exceptionally well in those States where moneys are distributed proportionately and equally among programs based on population and clientele. However, this is not the case for Native Americans on Indian reservations. We believe that Indian communities on reservations are a separate and distinct group and are free of State jurisdictions. Because of these legal jurisdiction problems between States, such as Arizona, and various Indian nations,

relationship is not always good or even mutual when it comes to providing social services.

Because of this inherent problem, there may be some ill feelings or suspicion regarding services provided, as well as the methods of distribution of aging moneys by the States. Furthermore, the State agencies on aging are not always fully equipped to deal effectively with problems on Indian reservations, given the differences in language, culture, government and, generally, the lifestyle. Because of these feelings by reservation residents toward State agencies handling aging funds, I believe the aging legislation should be amended by Congress so that Indian tribes would be permitted to receive direct funding. This arrangement would eliminate the extra bureaucratic hassles the States usually gives the Indian tribes. In this way the moneys will get to the grassroot people without spending much overhead operating cost. In other words, eliminate the middleman and give directly to the poor senior citizens. The native American people know what they want. Give them the opportunity to plan and implement their own program as they see fit. Most Indian tribes have their own tribal governments and they do a good job operating their respective programs. Why not do likewise with the senior citizens projects?

Thank you for your attention and listening to what I have on my mind.

STATEMENT OF MARIA BIA, SUPERVISOR, NATIONAL COUNCIL ON THE AGING PROGRAM, FORT DEFIANCE, ARIZ.

Ms. BIA. Senator, my name is Maria Bia. I am an NCOA supervisor from the Fort Defiance, Ariz., central office. The people I am working for are Indian Development of Arizona from Phoenix. My program is title IX and title X enrollees. I have two agency regulations. I am working with these people.

I would like to say something from the bottom of my heart. I am really concerned about my people, the older people that I am working with. I see with my own eyes that they need help on the Navajo Reservation. Especially down here at Navajo Mountain, where they live away from each other. They really need help. That is the way I look at it. At the office at Fort Defiance, I really need help. I need a secretary who types; I need postage stamps. I really work hard for you. I have to use my own money to get the postage stamps. The Office of Navajo Economic Opportunity says they are going to help me to help others, but they don't even help me. I am really hurt about this.

I can't help all my people. One person can't take care of that big Navajo Nation, the reservation. I need somebody to type the reports for me. I need somebody to help me so I can do my daily work. The other day we had a NCOA meeting at White Cone, Ariz. They had a resolution and they didn't tell me until I got up there. They want to go under the ONEO program. I don't know anything about it. I got hurt about it. I don't know how I can run this one. I really need help down at Fort Defiance at the central office. The elderly really need us. If we go under ONEO, they had better help me with the postage stamps and the office supplies. That is what we need too. They have to type the report. We really need it. I have just been working for titles IX and X for 1 year. I came here because I am really concerned about it. I really need help for my people. They are older people. I really need it. I want the Senator to know this and he can help. Another thing, the NCOA program was supposed to pay for the telephone, but ONEO took out my phone and I can't reach anyone. They said I used it too much, but that isn't true.

Ms. PFAU. I thank you very, very much.

STATEMENT OF LUCY T. BEGAY, CHINLE, ARIZ.

Ms. BEGAY. I want to speak on behalf of Maria Bia. We are working under her and she is having a hard time. That was what she was trying to express. She has been working with us for about 1 year now. She is our administrative aide under ONEO. It seems that she is not getting along very well with the new ONEO director and assistant director. Every once in awhile she will ask for a donation for stamps and envelopes so she can mail our checks to us. Before that, Kenneth Wilson used to take care of everything for us. He even used a stamp from the ONEO. I think they reimbursed the money on that. I don't know why these two don't understand. They even took her telephone away from her office. She was told that she was running up the telephone bills. That isn't so. She doesn't use the telephone for her own private use; just when we need something or want to know something, that is the only time we call her. We don't talk very long. There is another thing, just like this meeting now that we are having here. There was no communication between these departments. We didn't know where we were supposed to stay when we came here. We just went around and tried to find a place to stay. Finally, we got the name of a motel and we looked for it and finally located it and spent the night there. This is what she was talking about. I am very sorry that Maria Bia got hurt by that.

On behalf of our senior citizens, I am working up there at the meal site with the senior citizens. My title is arts and crafts coordinator. Right now, we don't have anything to work with. I don't know where to get funds for the material and the stuff that we could work with. The senior citizens need something to take their minds off their ailments. Some of them need to be busy all the time.

Alcoholism is a problem among our elderly people. I am very concerned about this problem because we recently lost two of our elderly men. They had drank too much and couldn't make it home and they froze to death.

MANY NEED HELP WITH BUDGETING

Many of our elderly people get their social security, old age pension, and welfare checks every month and are not wise enough to stretch their money for it to last them until next month. Their relatives are no help because they will spend the money on themselves. They need someone to look after their money and spend it wisely.

We also need a senior citizen center.

Thank you.

Ms. PFAU. Thank you.

We have just a few questions. I would like to ask them at this time and then we will adjourn the meeting. I will be around for a little while if any of you have anything to say. I think some of the others will be too.

The common thread through here has been direct funding. Can you give some specific problems that you have with the State funding?

Mr. LUNDBERG. Can I give some?

Ms. PFAU. Yes.

Mr. LUNDBERG. There was evidence submitted as part of the Navajo tribal statement.¹ There are several graphs that would indicate State funding problems for the State of Arizona as well as the State of New Mexico and the State of Utah. I must give credit to the State of Arizona that they are the only State that went to the Navajo Tribe and asked the tribe if they wanted to run the aging program. The State of Arizona is the only State that is presently giving the funds to the tribe. There are 11 communities in the Navajo Nation that have State lines crossing their borders. For instance, Navajo Mountain, which has a program for the Utah portion, but the Arizona portion doesn't have any funds to assist the program in this community.

As to population statistics regarding funds coming to the State, the State of Arizona is using population statistics based upon 1970 census figures of Indian tribes. This comes out to be 150 percent of need which is their funding criteria. It is determined that about 16 percent of State funds go to Indian tribes. The 1977 updated census figures were used. In Arizona the Indian tribes should be getting 26 percent of the funds. Again, there are problems with the allocation of funds between the tribes within the State. The Navajo Arizona elderly population is 7,865 people, which is 59 percent of the elderly. Yet under the title VII funds, the Navajo Tribe receives 31 percent of the title VII allocation and under title III receives 7 percent. Again the problems brought out by the people from the Navajo Nation in regards to coordination—there are very few funds to coordinate. The need to meet the basics of transportation, staff, phone calls, et cetera. The Navajo Tribe, recognizing that, created a service out of its own funds to try and do something in hopes that Older Americans Act funds would come through. Then the adequate nutrition of the Navajo Tribe can be met.

Mr. PFAU. Thank you very much, David.

Delores, about the housing; could you tell us who built those homes that you mentioned which were not heated properly?

Ms. HANGA. The new homes were built by HUD—San Francisco. They have had several meetings about that, but nothing has been done about it. We are still having problems with it. There is no insulation in some of these homes.

Ms. PFAU. Had the plans originally called for insulation which was not put there?

Ms. HANGA. I don't know.

Ms. PFAU. Thank you very much.

Do either of you have anything?

Ms. KILMER. No.

Ms. PFAU. I need to remind you that we do have some pink slips out there and if you have any concerns that you have not voiced, if any of you would like more information, please write it on the pink slip and leave it with us and we will get the information to you. If you have other information to add to your testimony, we will add it to the record.

Thank you all for coming such great distances. This concludes the hearing for today. We, again, thank you for coming.

[Whereupon, at 5:38 p.m., the hearing was adjourned.]

¹ See appendix 1, item 3, page 890.

APPENDIXES

Appendix 1

MATERIAL SUBMITTED BY WITNESSES

ITEM 1. HOPI TRIBE RESOLUTION, SUBMITTED BY ALEXANDER W. AMI,¹ DIRECTOR, HOPI TRIBAL BUREAU ON AGING, ORAIBI, ARIZ.

Whereas, the Hopi Indian Tribe of Arizona is an independent, self-governing body politic by reason of its aboriginal right and existence, and so recognized by the Government of the United States in its relations with the said Hopi Tribe; and

Whereas, in the exercise of this right of self-government, the Hopi Tribe recognizes its duty to meet the special needs of its elderly citizens which include, but are not limited to, the needs in adequate housing, day care, nursing home care, adequate nutrition, education programs, and access to convenient transportation; and

Whereas, these needs are viewed in the context of the Hopi way of life and, therefore, must incorporate the cultural values and attitudes about aging and the role of the elderly in Hopi society within the structure of the clan and kinship system; and

Whereas, these cultural values and attitude are not given equal weight or consideration in priority in determining eligibility criteria for Federal programs to benefit the elderly in the general society of the United States and, as a consequence, the needs and priorities of the Hopi people are not accommodated under these circumstances which recognize standards and criteria not suited to the way in which the Hopi people envision enjoyment of life in old age; and

Whereas, it is the belief and a right of the Hopi Tribe that programs for the elderly, as well as all other tribal programs that benefit the Hopi people, are best achieved through the spirit and exercise of self-government as an incidence of its tribal sovereignty; and

Whereas, the Hopi Tribe, while given opportunity to participate in behalf of its elderly under the programs of the Administration on Aging, would be placed in a position of accepting programs and entitlements less than that to which the Hopi elderly have a right, because such programs of the Administration on Aging give States an intervening authority in determining programs for the tribal elderly which is contradictory to tribal-Federal relations and because such programs rely on criteria, such as population statistics, which can be detrimental to Hopi opportunity for adequate benefits.

Now, therefore, be it resolved by the Hopi Tribal Council that they approve and support any changes in the Older Americans Act of 1965, as amended, and related acts, which will allow direct funding under the Federal Government for all programs to meet the special needs of its elderly, and to implement these programs consistent with its obligations to its citizens.

ITEM 2. LETTER FROM KENNETH WHITE, JR., PROJECT DIRECTOR, NAVAJO FOSTER GRANDPARENT PROGRAM, TO SENATOR DENNIS DECONCINI, DATED NOVEMBER 16, 1977

DEAR SENATOR DECONCINI: Recently, on behalf of the Navajo foster grandparent program, under the Office of Navajo Economic Opportunity, I attended

¹ See statement p. 856.

² See statement, p. 883.

the hearings in Phoenix, Ariz. before the U. S. Senate Special Committee on Aging, about elderly Indians and their needs.

Navajo foster grandparent is funded through ACTION, a Federal volunteer program, which operates under the overall authority of the Domestic Volunteer Service Act of 1973 (public law 93-113). Per arrangement with your staff, I am sending you petitions signed by our foster grandparents expressing their needs that were presented at the recent hearings in Phoenix. We request that these petitions be submitted in the record of the hearings on elderly Indians.

Our program currently has 200 foster grandparents located in 40 institutions (such as PHS hospitals, BIA boarding schools, special education schools, day care and preschool centers) throughout the Navajo Nation. The foster grandparents give companionship, attention, and love to many needy and deprived children who otherwise would not receive the benefits of such a relationship.

The concept of the program has much to offer to these children, in terms of tradition, culture, and self-identity. It also offers an economic supplement, meaningful activity, and a feeling of self-worth to the grandparents. The knowledge that the grandparents offer to these children, such as native language, legends, history, songs, and plants; instruction in rug weaving, beadwork, moccasin making, basket weaving, and silversmithing; guidance, counseling, and appreciation for nature cannot be learned in many standard educational settings.

Although our program is extremely beneficial, the overall needs of these Navajo elderly—such as transportation, housing, health and social services, and employment—are only partially met. Various aging programs within the Navajo Nation only touch a small percentage of the many in need, primarily due to inadequate funding. Beginning January 1, 1978, we will have to reduce our number of foster grandparents from 200 to 118 due to funding limitations.

Many grandparents emotionally expressed their needs to our staff at recent Agency workshops we conducted. Many are reluctant and saddened to leave the program in December after such a meaningful experience.

We would like to recommend that direct funding be of the highest priority in order to begin realistic measures to meet the needs of our Navajo elderly. Funding allocations are disproportionate when allocated arbitrarily, rather than basing allocation on population and need. The Navajo Nation, although comprising 59 percent of the elderly Indian population in Arizona, receive only 13 percent of title III funds, and only 29 percent of title VII funds that are distributed to various tribes (taken from State aging plan 1978, Division of Health Improvement Services). The foster grandparent program only reaches 2.54 percent of the Navajo elderly, which will drop to 1.51 percent after December. We also suggest that the age requirement of 60 be reduced to 55 years of age in order to adequately reflect cultural needs.

We all feel there is so much more to be done. Your concern and attention to this request is greatly appreciated. Thank you.

KENNETH WHITE JR.

ITEM 3. MATERIAL SUBMITTED BY DAVID A. LUNDBERG,¹ DIRECTOR, NAVAJO AGING SERVICES, WINDOW ROCK, ARIZ.

PROPOSED RESOLUTION OF THE NAVAJO TRIBAL COUNCIL

Whereas:

1. Service for the Navajo elderly is one of the important concerns of the Navajo Tribal Council; and
2. The Navajo elderly, through the Navajo Nation Council on Aging, have identified funding coming through the three States as a major obstacle to improving services for Navajo elderly; and
3. The Navajo Nation Council on Aging, by resolution, has endorsed the funding of Older Americans Act programs directly to the Navajo Tribes; and
4. The National Indian Council on Aging has sponsored an amendment to the Older Americans Act to provide the option of direct funding to all Indian tribes to improve services to Indian elderly; and
5. The direct funding amendment has been endorsed by the National Tribal Chairman's Association and the National Congress of American Indians; and

¹ See statement, p. 850.

6. The Advisory Committee of the Navajo Tribal Council, in a 1976 Resolution ACAP-83-76, recognized "the great benefits which will inure to elderly Navajo people if Federal aging funds can be solicited successfully" and "supports the Ad-Hoc Committee on Aging's" (now the Navajo Nation Council on Aging) "efforts to secure Federal funding for an expanded program of care for elderly Navajo people"; and

7. The Health, Alcoholism and Welfare Committee of the Navajo Tribal Council, by resolution approved on November 7, 1977, supports the amendment to the Older Americans Act for direct funding of aging programs to Indian tribes as sponsored by the National Indian Council on Aging; and

8. The Navajo Tribal Council, in a 1988 Resolution CD-112-68, directed the chairman of the Navajo Tribe "to obtain special Federal legislation to fund Indian programs directly instead of through State programs."

Now, therefore, be it resolved, that the Navajo Tribal Council supports the amendment to the Older Americans Act for direct funding of aging programs to Indian tribes as sponsored by the National Indian Council on Aging.

A BILL

To provide for direct funding to American Indians through the Older Americans Act of 1965, as amended, and related Acts (42 U.S.C. 3001, et. seq); to provide that the Federal Government fulfill its unique trust responsibilities to American Indian tribes and tribal organizations; to provide for the full participation of Indian tribes in programs and services conducted by the Federal Government for elderly Indians; to provide that the Federal Government foster and encourage self-determination for Indians and Indian tribes consistent with announced Federal policy; to provide that the Federal Government properly recognize that Indian tribes are quas sovereign entities both capable and fully qualified to administer this program; to support the right of Indian citizens to control their own program for the elderly; and to provide that the special needs of the elderly Indians which have not been met under existing Federal grant formulas are met; and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

TITLE I—SHORT TITLE AND DECLARATION OF POLICY

SEC. 101. **SHORT TITLE.**—This Act may be cited as the "Older American Indian Relief Act of 1978."

SEC. 102. **DECLARATION OF POLICY.**—Under the present system of funding programs under this Act, Indians are generally not receiving services equivalent to those provided members of other ethnic groups.

There is a compelling need, based on the historic and legal trust relationship between the Federal Government and Indian tribes, to administer these programs at the national level by direct funding to Indian tribes and tribal organizations. The elected governments of these Indian tribes are, in effect, units of general purpose local governments and as such have primary responsibility to administer services to their members including the elderly.

It is the purpose and policy of this Act to enhance the progress of Indian people and their community by providing Indians the full opportunity to utilize leadership skills crucial to the realization of self-government, and to provide the Indian people an effective voice in the planning and implementation of the Older Americans Act.

It is the further purpose and policy of this Act to provide adequate and efficient delivery of services to the elderly tribal members through direct channeling of program funds appropriated under this Act from the Federal level to the tribes.

TITLE II—AMENDMENT OF THE OLDER AMERICANS ACT

SEC. 201. **AMENDMENT OF THE OLDER AMERICANS ACT.**—The sections of this Act amend the Older Americans Act by providing for a new title X to the existing law. No provisions of this Act are intended to detract from the existing law,

nor should allocations of moneys now received by the Indians through the States be altered until this Act is effective.

SEC. 202. DEFINITIONS.—For the purposes of this title, the term—

(a) "Indian" means a person who is a member of an Indian tribe;

(b) "Indian tribe" means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or other regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians;

(c) "Indian tribal organization" means the recognized governing body of any Indian tribe and legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities;

(d) "Commissioner" means the Commissioner of the Administration on Aging.

SEC. 203. OFFICE OF INDIAN PROGRAMS:

(a) For purposes of administering this title, the Commissioner shall establish an Office of Indian Programs in the Administration on Aging with specific responsibility for the Indian aging and having authority to: (1) provide technical assistance and advice to the Commissioner in the development of older Americans programs; (2) serve as the liaison with the National Indian Council on Aging; (3) assist in the submission of grant applications; (4) review grant applications submitted by an Indian tribe or tribal organization, and recommend action thereon to the Commissioner; (5) administer any contracts with or grants to Indian tribes and tribal organizations for the operation of such programs; (6) provide Indian tribes and tribal organizations with information about the availability of funds and programs for the Indian elderly.

(b) Upon expiration of the grant under which it is currently operating and/or passage of this amendment, the National Indian Council on Aging shall become a permanent body.

SEC. 204. DIRECT FUNDING TO TRIBES AND TRIBAL ORGANIZATIONS:

(a) Notwithstanding any other provision of this Act to the contrary, from funds appropriated to carry out the programs for the aging pursuant to the Older Americans Act, the Commissioner shall set aside such funds as he deems necessary to be used exclusively by Indian tribes and tribal organizations to develop, administer and operate such programs as are provided for under all titles of the Act.

(b) (1) From one-half of the sums set aside under subsection (a), each tribe shall be allocated an amount which bears the same ratio to such sum as the population of eligible age in such tribe bears to the population of eligible age in all federally recognized tribes. The population figures used in making these tabulations will be the official tribal statistics verified by an agency of the Federal Government.

(2) The remaining one-half of the sums set aside under subsection (a) shall be allocated by the Commissioner among tribes and tribal organizations on the basis of need and in light of the number and scope of grant applications submitted and approved.

(3) *Provided*, that the Commissioner, at the request of any Indian tribe or tribal organization, may permit the use of funds appropriated to carry out programs under one title of this Act for the purpose of carrying out programs under any other title, except for the provisions in this proposed Title X; *provided further*, that the Federal contribution shall be 100 percent for all programs; and *provided further*, that an Indian tribe or tribal organization electing to receive direct funding from the Commissioner under this title shall receive funding on a basis which is at least equal to the value of services provided to the non-Indian eligible population in the State or States in which it is located.

(c) Any Indian tribe or organization may, at its option, elect not to receive funding for its elderly programs from the funds set aside under this title and elect instead to continue receiving its funds through its respective State or area agency on aging. Such tribe or organization, upon notifying the Commissioner, shall not be eligible to receive funds under this section. *Provided*, that the

Commissioner shall assist such tribe or tribal organization to obtain such funding from the respective State agency; and *provided further*, that in the event any State agency cannot demonstrate to the satisfaction of the Commissioner that the members of such Indian tribe or tribal organization are receiving benefits from such State agency under any title of this Act that are equivalent to benefits provided to other older persons in the State, and that the Commissioner finds that the members of such tribe or tribal organization would be better served by means of grants made directly to provide such benefits, he shall reserve from sums that would be otherwise allocated to such State not less than 100 per centum nor more than 150 per centum of an amount which bears the same ratio to the State's allotment for the fiscal year involved as the population of all Indians eligible for benefits for whom a determination under this paragraph has been made bears to the population of all persons eligible for benefits from such State agency under any title of this Act that are equivalent directly available to such tribe or tribal organization.

(e) Any two or more Indian tribes or organizations may combine to make an application for funds under this Act.

(f) The Commissioner shall be empowered to establish such standards and regulations as may be necessary for administration and accounting of the funds disbursed under this Act.

SEC. 205. TRIBAL PLANS.—Section 305 and Section 306 of the Older Americans Act of 1965 (42 U.S.C. 3002(5)) are amended by adding after the word "State" wherever it appears, the following: ", and Indian tribal organization."

PROPOSED RESOLUTION OF THE NAVAJO DELEGATION, CONFERENCE ON AGING, NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Whereas:

1. There are over 14,000 older Navajo Americans residing within the Navajo Nation; and
2. The Navajo Nation extends over three different states, over ten Counties and three Federal Regions; and
3. State programs designed to assist Older Americans have often failed to provide equal opportunity for access to programs or equal levels of services to Navajo Older Americans; and
4. Federal and state regulations and guidelines are often inappropriate and unworkable in the unique environment of the Navajo Nation;
5. State programs have failed to take into account the special problems of Navajo Older Americans and Navajo input has not been used in designing these programs; and
6. The poverty which is an unwelcome companion of almost all Navajo Older Americans makes it critical that programs designed to relieve this poverty be made available to Navajo Older Americans; and
7. The direct funding of Older Americans' programs, specially designed to meet the unique problems of Navajo Older Americans, and uniformly available throughout the Navajo Nation under the sponsorship of an organization designated by the Navajo Tribal Council will make the lives of the affected Navajo people more meaningful and carry out the intent of the Congress as expressed in the Older Americans Act of 1965.

Now, therefore, be it resolved, that the Navajo delegation to the Conference on Aging of the National Tribal Chairmen's Association, representing the Navajo Tribal Council and the Navajo people, requests the NTCA to support the direct funding of older Americans assistance programs within the Navajo Nation from the Federal Government to the Navajo people through the sponsorship of an organization designated by the Navajo Tribal Council.

RESOLUTION OF THE NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Whereas, the various States have never demonstrated the ability to deliver services to the Indian population nor have they ever demonstrated any affirmative direction to provide services; and

Whereas, Indian tribes are often excluded or assigned lowest priority by State and area agencies; and

Whereas, the 1975 amendments to the Older Americans Act did not measurably improve the conditions for direct funding of Indian tribes;

Now, therefore, be it resolved, that the National Tribal Chairmen's Association commends and supports the National Indian Council on Aging in its attempt to amend the Older Americans Act to provide for direct funding to Indian tribes.

POLICY RESOLUTION OF THE INDIAN HEALTH AND SOCIAL WELFARE CONCERNS COMMITTEE

Whereas, the care of the American Indian elderly is one of the important concerns of the National Congress of American Indians; and

Whereas, the first National Indian Conference on Aging, sponsored by the National Tribal Chairman's Association in June of 1976, was attended by over 1,000 American Indians and Alaska Natives, representing 171 Indian tribes; and

Whereas, that conference resulted in a number of recommendations for improved services to the Indian Elderly including a reaffirmation of the recommendations of the Indian concerns session at the 1971 White House Conference on Aging; and

Whereas, these recommendations were reviewed and endorsed by the Subcommittee on Care of the Elderly established for the purpose of representing the concerns of the American Indian elders before this convention;

Now, therefore, be it resolved, by the National Congress of American Indians that the recommendations developed at the 1976 National Indian Conference on Aging are hereby endorsed; and

Be it further resolved, that the National Congress of American Indians pledges its support and cooperation to the National Indian Council on Aging in its task to implement the action recommended; and

Be it further resolved, that the President and Congress of the United States are hereby urged to institute those legislative and policy changes recommended in order to make the provision of services to the American Indian elderly more effective and appropriate according to the solemn commitments of the Federal Government to provide certain community and supportive services to the members of federally recognized tribes.

TABLE FROM THE REPORT OF THE 33D ANNUAL CONVENTION OF THE NATIONAL CONGRESS OF AMERICAN INDIANS

	Total population over 60	Total Indian population over 60	Percentage of Indians in 60+ population	APSS 150 percent remedy	Proposed fiscal year 1977 title III allocation to Indians	Proposed fiscal year 1977 title VII allocation to Indians
Totals	31, 953, 950	63, 976	0. 20021	\$439, 953	\$1, 203, 414	\$3, 839, 175
REGION I						
Connecticut	462, 346	370	. 08002	2, 012	0	0
Maine	132, 919	167	. 09657	908	0	14, 000
Massachusetts	937, 247	624	. 06657	3, 398	75, 000	60, 000
New Hampshire	121, 665	37	. 03041	276	0	0
Rhode Island	158, 677	239	. 15062	1, 365	0	5, 000
Vermont	70, 545	19	. 02693	245	0	0
REGION II						
New Jersey	1, 111, 025	553	. 04977	3, 008	0	0
New York	2, 894, 291	2, 614	. 09031	14, 214	37, 883	59, 935
Puerto Rico	284, 400					
Virgin Islands	5, 500					
REGION III						
Delaware	72, 045	127	. 27627	1, 611	0	0
District of Columbia	101, 987	93	. 09118	827	0	0
Maryland	500, 390	177	. 03537	963	0	0
Pennsylvania	1, 971, 035	733	. 03718	3, 984	0	0
Virginia	620, 156	301	. 04853	1, 637	0	0
West Virginia	301, 514	70	. 02321	381	0	0
REGION IV						
Alabama	534, 897	312	. 05832	1, 697	0	0
Florida	1, 781, 967	628	. 03524	3, 416	0	122, 075
Georgia	618, 320	106	. 01714	576	0	0
Kentucky	515, 411	102	. 01979	555	0	0
Mississippi	349, 993	254	. 08114	1, 545	0	0
North Carolina	716, 226	3, 050	. 42584	16, 586	29, 923	49, 860
South Carolina	336, 823	119	. 03533	647	0	0
Tennessee	623, 508	212	. 03399	1, 152	0	0
REGION V						
Illinois	1, 643, 227	752	. 04576	4, 089	15, 000	0
Indiana	746, 877	292	. 03406	1, 587	0	0
Michigan	1, 172, 400	1, 388	. 11838	7, 548	18, 168	240, 000
Minnesota	599, 802	1, 465	. 24441	7, 973	63, 595	342, 175
Ohio	1, 512, 850	649	. 04263	3, 567	0	0
Wisconsin	713, 269	1, 613	. 22614	8, 772	37, 600	113, 672
REGION VI						
Arkansas	373, 967	238	. 06364	1, 295	0	0
Louisiana	492, 108	468	. 09510	2, 546	0	0
New Mexico	132, 179	4, 824	. 364959	33, 060	3, 550	123, 921
Oklahoma	458, 582	12, 835	. 280791	70, 070	48, 000	276, 060
Texas	1, 039, 773	1, 436	. 08757	7, 809	0	0
REGION VII						
Iowa	493, 705	171	. 03463	930	28, 317	31, 013
Kansas	385, 756	729	. 18897	3, 965	0	247, 381
Missouri	217, 299	666	. 08149	3, 623	0	0
Nebraska	261, 678	573	. 21897	3, 132	0	78, 648
REGION VIII						
Colorado	302, 076	524	. 17909	2, 942	0	0
Montana	109, 043	1, 751	. 160578	14, 546	86, 132	80, 000
North Dakota	103, 079	835	. 85856	7, 774	21, 106	21, 899
South Dakota	116, 704	2, 462	. 216961	19, 110	83, 370	279, 161
Utah	130, 718	465	. 35572	3, 222	0	14, 446
Wyoming	49, 747	285	. 57289	5, 190	105, 155	10, 000
REGION IX						
American Samoa	1, 100					
Arizona	317, 967	6, 359	. 199989	34, 581	245, 499	322, 880
California	2, 930, 960	6, 522	. 22252	35, 468	46, 000	585, 000
Guam	3, 160					
Hawaii	87, 764	36	. 04101	372		
Nevada	63, 089	683	. 98857	8, 955	75, 367	161, 042
Trust Territory	6, 400					
REGION X						
Alaska	15, 784	1, 151	. 729219	66, 057	102, 400	185, 000
Idaho	115, 364	409	. 35471	3, 213	10, 000	168, 948
Oregon	366, 503	932	. 25429	5, 069	0	0
Washington	511, 741	2, 312	. 45179	12, 573	71, 349	127, 100

Appendix 2

STATEMENTS SUBMITTED FOR THE RECORD

ITEM 1. STATEMENT OF THE NATIVE AMERICAN SENIOR CITIZEN PROGRAM OF PHOENIX, ARIZ.

The Native American Senior Citizen's Program of Phoenix, currently directed by Tammy Sixkiller,¹ began in 1972. It developed from a nutrition project and a survey which demonstrated that there was a large elderly Indian population in Phoenix not receiving needed services. Since 1972 the scope of the program has expanded and now includes arts and crafts, information and referral, transportation, escort services to health and social service facilities, counseling, including telephone reassurance, advocacy, outreach, and emergency support services. The programs are funded through city of Phoenix Human Resources Department, funds from the Methodist Church funneled through MEPCO, a local coordinating group, and private donations. Presently the program uses titles IX and VII of the Older Americans Act and title XX social problem-solving funds which are administered by the city of Phoenix.

The Native American Senior Citizens Program is the only aging program in Phoenix primarily aimed at serving the needs of native Americans. Therefore the program serves the entire Phoenix area and has no neighborhood boundaries as other senior centers do. Partly due to the wide geographic area of the program, inadequate transportation, low funding levels, and administrative policies, many senior citizens have not been reached by the program. Since 1972, 298 Indian people have participated in the NASC program.

Persons working with elderly Indians estimate that the elderly Indian population in Phoenix is 1,000 to 1,200. Some statistics are available from the 1970 Census Subject Report on American Indians. For Phoenix Standard Metropolitan Statistical Area (SMSA), 903 Indians are 55 or older. It is generally agreed that these figures are very much lower than the actual number of Indians in the area. However, even these figures demonstrate that most elderly Indians have not participated in services for the aged. Statistics from the area agency on aging indicate that in fiscal year 1977, Older Americans Act title III social programs served less than 22 percent of the Indian elderly and title VII nutrition programs served less than 7 percent of the same group in Phoenix. In fiscal year 1977 Indians made up only 1.0053 percent of the participants in Maricopa County title III programs and only 1.25 percent of the participants in city of Phoenix title VII programs.

GENERAL PROBLEMS FACING URBAN INDIAN ELDERLY

Native American senior citizens in the Phoenix urban Indian community are vastly underserved.

Approximately 11,159 Indians lived in the Phoenix Standard Metropolitan Statistical Area according to the 1970 census. The city of Phoenix Budget and Research Department in their 1975 community service centers capital improvement needs study, estimate 14,000 urban Indian residents with an additional 5,000 to 6,000 transient reservation population. The census shows that 8.1 percent of the Indian population or 903 persons are over the age of 55.

The elderly Indian in the Phoenix community come from Arizona's 18 Indian reservations, from reservations throughout the country and from other urban areas.

Most of the participants in the Phoenix Native American Senior Citizen Program live with members of an extended family and thus face many of the

¹ See statement, p. 881.

problems of the urban Indian community at large: substandard housing, overcrowding, lack of transportation, language barriers, and coping with health needs.

In addition to these, the native American senior citizen faces additional crises. Among them is a radical change in their traditional role as the most honored member of the Indian family to that of the most dependant. They suffer a dependancy that has been brought about because of cultural isolation—an isolation from traditional communities where common languages and highly structured kinship systems gave the elderly a vital role in teaching the traditions among the young and an isolation from the support and direction of tribal societies.

Such isolation, however, has not hampered the native American elderly from seeking to provide invaluable cultural support to members of their extended families living in cities. But where such members suffer high unemployment, language and cultural barriers, as well as racial prejudice, the support takes new forms.

Many of the urban Indian elderly willingly provide for the care of grandchildren, take on extensive responsibilities in caring for the home and, on occasion, furnish all or most of the family income.

It is with this understanding that the needs of the urban elderly has the support of the entire Indian community.

NEEDS ASSESSMENT: "LET US BE INDIAN"

Pervading much of this testimony and recommendations is the adage, "Let us be Indian."

The existing programmatic structures provided for under the Older Americans Act create a basic system for addressing the needs of the elderly throughout America and for this we are grateful.

We know that the structures are designed to help us, and though they might often confuse us, take us through hours of paperwork, they show a basic concern. And so we know that the program was not created to destroy. Our concern is that the program, where it involves the native American senior citizen provides cultural continuity rather than cultural disruption.

Let each of the program areas reflect this:

Nutrition and meal plans.—Under title VII of the nutrition program, encourage the utilization of Indian foods, both in providing requisite nutritional analysis and, if at all possible, in allowing native American senior citizens to prepare the foods to their liking. Although catering services are appreciated, all too often the food goes uneaten.

Transportation.—Native American senior citizens in the Phoenix area live throughout the city. Language barriers inhibit the use of public transportation.

Many of the elderly who care for grandchildren during the day may wish occasionally to get together after their children return from work. At times when special events occur—traditional dances, etc—the senior citizen often cannot attend due to regulations, lack of transportation, lack of personnel assistance, etc. Transportation for the native American senior citizen is extremely limited considering the fact that the program covers the entire city and makes for an expansion of program activities difficult.

Mail-a-ride and city buses do not provide adequate evening and weekend services. Weekday services suffer because of cumbersome scheduling.

Outreach capability.—Provide additional outreach. Not all native American senior citizens have the opportunity to join our senior citizen programs. Due to inadequate staffing, the outreach capability is severely limited. In addition, the program has only one phone for counseling and necessary business calls.

Meaningful outreach.—Provide outreach which recognizes the extended family. Often the native American senior citizen suffers severely when unmet needs exist within the extended family—need for employment food and social services.

The native American senior citizen must often depend upon others to advocate for their needs, complete complicated forms, translate or explain doctor's orders or prescriptions, etc.

Paperwork.—Cut back paperwork. Paperwork, particularly where the native American senior citizen programs must answer to several levels of bureaucracy, consumes precious staff time.

Additionally, many participants complete the application process with great effort. Some cannot understand our language. Others, because of years of distrust, fear to give extensive information about themselves. Some come from families that have highly unstable incomes or no income and, because of pride, do not wish this to be known. Paperwork requirements should be kept to a minimum. The native American senior-citizen is a proud person and asking for assistance is very difficult for them.

Program independence.—Give us program independence. Encourage direct funding or funding through an entity acquainted with the needs of native American senior citizen programs. The native American senior citizen should be able to develop programs oriented to their needs rather than being forced to accept non-Indian program emphasis of existing structures.

For instance, the procedure outlined for using title XX funding from the Social Security Act, social problem-solving, requires a great deal of private information for certification. That requirement has caused some people to be so uncomfortable that they avoid the program.

In whatever form reorganization or restructuring of Indian programs take, they should include:

(1) Sufficient independence to be able to develop links with other funding sources and expand the types of funds used by the programs;

(2) Seek united efforts of reservation and urban Indian groups in addressing similar problems; and

(3) Develop Indian expertise in running Indian programs.

Although many people are familiar with Indian people and feel that they understand their needs, Indians must begin to be given the self-determination and the responsibility for meaningful programing for Indian populations.

ITEM 2. STATEMENT OF THE COLORADO RIVER INDIAN TRIBES, SUBMITTED BY HUGH J. BEESON, POSTON, ARIZ.

Our Colorado River Indian Reservation is 45 miles long and 15 miles wide.

Meals: The meals as recommended may be good for the older folks, but may not be good for the very elderly. They may like stews and foods like that. Specific meals may look good to the non-Indian and not look good to the Indian. All these things have to be taken into consideration when we are feeding our senior citizens.

Nursing home: A building was constructed on our reservation for this purpose but we were not able to staff it and, therefore, it could not be used as a nursing home. We were unable to get the personnel because we couldn't get funds for hiring the staff necessary for a nursing home. We would like to see it used as a nursing home rather than have the building rented out to those people who are able to pay rent.

When the older person is sent off from his home reservation to a nursing home, he is not very happy. Older people would rather be close to their families. They are lonesome at the nursing home and they die much sooner because of being away from home. Because of the distance and the cost of traveling, families cannot visit often, at least not often enough to keep them from being lonesome. If they were right on our own reservation, someone could come and see them every day.

Teeth (dentures): Many of the senior citizens do not have any teeth because they cannot afford the dentures (false teeth). That costs money, and many are not able to pay for it. It is sad but some of the older folks who are able to pay for their set of teeth find that it takes 2 months to get them through the Government hospital.

Van wagon: We people who live on this reservation do not live very close together, like the old people in cities. We are scattered far apart on our homes situated on farm lands. The length from the north to the south of the reservation is 25 miles; the width is 8 miles. This will show how we are scattered apart. We are fed at noon in our recreation hall. The two vans that we have that is used to transport the senior citizens to this dinner meal cannot cover the distance, due to being scattered. It would take another, or the third van, to do this. Then we could get all those senior citizens to the dinner, and those who

are not able to come to the recreation hall, we could take dinners to them. They need those meals too. We also need equipment to help us keep the food hot and good.

Recreation hall: We would like to see another gathering place, another recreation hall, built in the north end of the reservation. Because of the length of the reservation, it is a long way to travel to the middle where our recreation hall is located. We know that would get the other senior citizens to the mid-day meal who are not able to get to the center at noon. This would make the two recreation halls about 12 miles apart, and that is a long way when you are old.

Feeding program: We are feeding 85 elderly people 5 days a week, taking food to the elderly people who are not able to come to the elderly center.

Arts and crafts: Ten to fifteen women come to the center to work. They are working 20 hours a week. Some come in their own cars and some are picked up by the van wagon.

Homemaker services: Women go into the elderly homes and clean them for those who cannot do it themselves; also, they cook meals for them.

Recreational activities: Games are played at the center for those who can come—some are picked up by the van.

Appendix 3

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing, a form was made available by the chairman to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read as follows:

DEAR SENATOR DeCONCINI: If there had been time for everyone to speak at the hearing on "The Nation's Rural Elderly," in Phoenix, Ariz., on November 12, 1977, I would have said:

The following replies were received:

THOMAS J. BOYD, FORT DEFLANCE (NAVAJO NATION), ARIZ.

In order for all Indian tribes to benefit best from all aging programs, the following must be done in addition to what was testified by the witnesses:

(1) All aging legislation should allow mechanics and technicalities flexibility to fully address the specific elderly Indian needs, which are far different from national elderly needs. Reason: Indian culture and heritage must be respected before following through with the identified needs and problems.

(2) All aging legislation should allow its rules and regulations to recognize and preserve the Indian culture and heritage because aging programs directly affect lives and minds of the Indian elderly, who will not contribute to the meaningful purpose of the aging programs if the aforementioned are not met and addressed.

(3) A provision should be included in appropriate title which would allow a Indian culture and heritage restoration program.

(4) I, as program manager under Navajo Tribe/Office of Navajo Economic Opportunity, with the full concurrence of peers, superiors, and the Navajo enrollees under titles X and IX of the Indian Development District of Arizona, hereby fully endorse and support the continuance of the program cooperation and relationship under the present status and fashion, thereby effectively addressing specific elderly Navajo needs and problems it began at the grassroots level.

(5) Income received by the elderly under title IX should not decrease the social security benefits.

STEPHEN D'ALESSIO, PHOENIX, ARIZ.

The elderly Indian needs your help and support now—the long winter is upon them now—they will starve; they will freeze; they will die. Only through the American effort will they survive; their own people sometimes don't care too much for them—they have their individual problems and burdens. They are barely surviving themselves. Let's face it, jobs are scarce on Navajo land. There is not enough money there now to support the multitudes. The elderly deserve their due; the young will have to continue to try and make it on their own. Now is the time to make the inroads.

THOMAS C. LANI, TEEC NOS POS, ARIZ.

The elderlys' homes and roads are in need of improvement. The water supply for their homes needs to be sanitized.

(900)

Transportation is needed to the clinic and stores for groceries, etc. Heating fuel is needed in the wintertime. We also need a rest home for the elderly.

ALBERT E. ROSS, JR., WINDOW ROCK, ARIZ.

Bring your committee up to the Navajo Nation and listen to the First Americans, particularly the elderly. You might go on a countryside tour to make direct observations on conditions on the reservation area, and heed to your constituents' requests.